L11000061726

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EXAMINER



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DEPARTMENT OF STATE OF STATE OF CORPORATIONS

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SECRETARY OF STATE DIVISION OF CORPORATIONS



1 State of the sta

ACCOUNT	NO.	•	I20000000195
TICCOUNT	110.		TT000000122

REFERENCE: 900943

761071*م* م

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: September 2, 2011

ORDER TIME : 11:52 AM

ORDER NO. : 900943-005

CUSTOMER NO: 7610719

DOMESTIC AMENDMENT FILING

NAME: FAAM, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAAM, LLC

(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records a Limited Liability Company)	3.
The Articles of Organization for this Limited Liability Florida document number <u>L11000061726</u>	Company were filed on 05/25/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the v 'L.L.C."	vords "Limited Liability Company," the designati	ion "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
		-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>en</u> ldress here:	ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida stree	et address)
	(City), Florid	a
	(CIIV)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title | <u>Address</u> <u>Name</u> Thut Frederic MARIN Ø Add □ Remove □ Add ☐ Xemove ☐ Remove _□ Add ☐ Remove □ Add ☐ Remove DbA 🗖 □ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Typed or primed name of signice

Page 2 of 2

Filing Fee: \$25.00