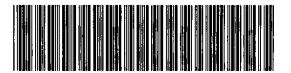
# 111000143859

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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B. BOSTICK
JUN 1 7 2014

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### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

## FVCS INVESTMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIO CLAVIJO
Name of Person
Firm/Company
1419 MOFFETT ST
Address
HOLLYWOOD, FL 33020
City/State and Zip Code
JULIOECS@HOTMAIL.COM
E-mail address; (to be used for future annual report notification)
or Turnber information concerning this matter, please call:
JULIO CLAVIJO954 ,651-2786
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is eaclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FVC9 INVESTMENTS LLC		
( <u>Name of the Limited Liability Company as li</u> (A Florida Limited Liability	<u>t now appears on our records.</u> ) y Cumpany)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L11000143859</u>	filed on 12/25/2011 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	ompany here:	
The new name must be distinguishable and end with the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
**************************************		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the n	en
registered agent and/or the new registered office address nere.	: :	
Name of New Registered Agent:		
New Davidson J Office Address.		. :
New Registered Office Address:	Enter Florida street address	
	Florida	
	Tity Zip Code ⊋2	

#### 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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

anager uthorized Member		
Name	Address	Type of Action
FIORELLA V CLAVIJO	1419 MOFFETT ST	
	HOLLYWOOD, FL 33020	國 Remove
FIORELLA V CLAVIJO	1419 MOFFETT ST	
	HOLLYWOOD, FL 33020	□ Remove
		□ Add □ Remove
		Add Signature  □ Remove
		Add Remove
		□ Add □ Remove
	uthorized Member  Name  FIORELLA V CLAVIJO	Name Name FIORELLA V CLAVIJO  FIORELLA V CLAVIJO  Address HOLLYWOOD, FL 33020  HOLLYWOOD, FL 33020

Effective date, if other than the date of f The effective date must be specific, cannot be prior the date this document is filed by the Florida Depar	Tling: (optional) to date of receipt or filed date and cannot be more than 90 days after rtment of State)
Dated JUNE 11	2014
4	HIMON TO
	of a member or authorized representative of a member
Signature	•
	CA SANTILLAN/MGRM

Page 3 of 3

Filing Fee: \$25.00