## L12000041281

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SECRETARY OF STATE
FALLAHASSES AT STATE

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C. LEWIS

DEC 1 0 2013

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor		
SUBJECT:	FP DEVELOPHENTS, LLC	
	Name of Limited Liability Company	
The enclosed Articles of	mendment and fee(s) are submitted for filing.	
Please return all correspo	dence concerning this matter to the following:	
	GABBLELE BRAHA Name of Person	
	Name of Ferson	
	FP DEVELOPHENTS, LLC	
	Firm/Company	
	1300 PENNSYLVANIA AVE , # 308	
	Address	
	MIAMI BEACH, FL, 33139	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information co	ncerning this matter, please call:	
ANDREA	TOZZI at (786) 451 8693	
Name of	Person Area Code & Daytime Telephone Number	
Enclosed is a check for th	following amount:	
■ \$25.00 Filing Fee	Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy	itus &

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 DEC -9 PM 3: 26
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

$\mathcal{F}_{\mathcal{P}}$	DEVELOPME	ENT, LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as	it now appears on our	records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L1200004128(</u>		,	,	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability	company here:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited I	Liability Company," the d	esignation '	"LLC" or the abbreviation
Enter new principal offices address, if applicable	<b>_</b>			
(Principal office address MUST BE A STREET ADDRESS)				
	_			<u></u>
Enter new mailing address, if applicable:	_	<del></del>	/	
(Mailing address MAY BE A POST OFFICE BO)	<u>v</u> _	<del></del>		
	_			
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:	address here:	address on our reco		,
	1300			
New Registered Office Address:	Enter Florid	la street ac	UN [1 508	
	MLAML BEA	(C)-1,	Florida	33139
	Ci	ity		Zip Code
New Registered Agent's Signature, if changing Registered	stered Agent:			
I hereby accept the appointment as registered as the provisions of all statutes relative to the prop				

Page 1 of 3

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 heraby confirm that the limited liability

company has been notified in writing of this change.

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

MGR = Manager MGRM = Managing Member Title **Address** Type of Action Name 1300 PENNSYLLANIA AVE, #308 × Add MGR RED REMALS MIAMI BEACH, FL - 33139 /300 PENNSYLVANIA AVE, FT 301 DAdd (LEAVE) MGR FRANCESCO POZZESSERE MIAMI BEACH, FL - 33/39 Remove GABLIELE BRAHA MUR 1500 BAY ROAD APT 242 Add 33139 MIAMIBEACH Remove FL Remove

Remove

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n Ifan	nending any other information, enter change(s) here: (Attach additional sheets, if		
D. 11 all	, ' '		PM 3: 26
		SECRETAR TALLAHASS	Y OF STATE EF.FLORIDA
Dated _	25/11/13 , MINNI BEACH		
	Signature of a member or authorized representative of a member		
	CABRIEL BRANG		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00