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**EXAMINER** 



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SECRETARY OF STATE
TALL AHASSEE, FI ORIDA



## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

FEMA Holdings, 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:

Francisco J Siman

Name of Person

FEMA Holdings, LLC

Firm/Company

9500 NW 108th Ave

Address

Miami, FL 33155

City/State and Zip Code

fj.siman@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Francisco Siman

\_\_\_305\2053388

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 (additional copy is enclosed) □\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

**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

FEMA Holdings, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number 46-085824T LOW 0005271	<del>V</del> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		ALL SE
•		ARR 6
Enter new mailing address, if applicable:		AS
(Mailing address MAY BE A POST OFFICE BOX)		Marie Contraction
(Muning undress MAT BE AT OST OFFICE BOX)		
B. If amending the registered agent and/or regi	stered office address on our records, ente	er the name of the new
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	, Florida	7. 0.1
	City	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Francisco J Siman	9500 NW 108th Ave	Add
		Miami, FL 33178	Remove
			Add
			Remove
			Add
			Remove
			Add ARemove
			TO - WON - A
			Remove
			Add
			Remove

). If amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
ated Oc	ctober 31 2012
	ignature of a member or authorized representative of a member
	Felix Jose Siman Dabdoub
	Typed or printed name of signee

Page 3 of 2

Filing Fee: \$25.00

SECRETARY OF STATE