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N. October (177 15 2013)

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FR BUISNESS BYOKOYS 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:
Raul E. Ortu
FR BUISNESS Brokers LC
7480 SW 40 Street Ph 830
MIAMI FLOVIDE 33155
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Raul DHu at (305) NN2 - 4932  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \$30.00 Filing Fee \& Certificate of Status \$\times \$Certificate of Status \$\times \$Certified Copy (additional copy is enclosed)\$\times \$Certified Copy (additional co

MAILING ADDRESS:

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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

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SECRETARY OF STATE TALLAMASSEE, FLORIDA

FR BUSINESS E	BROKERS (	records.)
(A Florida Limited Lia	ibility Company)	· · ·
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1200014544.3</u> .	vere filed on 1119	2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile	ity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the	designation "LLC" or the abbreviation
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 offi registered agent and/or the new registered office address here:		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
		_, Florida
	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 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** <u>Title</u> Name **Address** MGRM Francisco Pena 7480 SW 40 Street Ph 830 Add MIANI FI 33155. Remove Remove Remove

D. If an	hending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated 1	0/10/2013
	Signature of a member or authorized representative of a member  (A) E ORA.
	Typed or printed name of signee

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Filing Fee: \$25.00

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