13000030136

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COVER LETTER

Division of Corpo	,	
SUBJECT: FFA HOLI	DINGS, LLC	
	Name of Limited Liability Company	
	nendment and fee(s) are submitted for filing. ence concerning this matter to the following:	
	MARTIN J. CHAMPAGNE, JR.	
	Name of Person	
	CHAMPAGNE LAW FIRM, P.A.	
	Firm/Company	
	PO BOX 3288	
	Address	
	ST. PETERSBURG, FL 33731-3288	
	City/State and Zip Code	2013 HAY
	mjc@champagne-law.com E-mail address: (to be used for future annual report notification)	
For further information cond	cerning this matter, please call:	22
MARTIN J. CHAMPA	AGNE, JR. at (727) 498-5212	FFEO PHIZ:
Name of Po	erson Area Code & Daytime Telephone Number	19
Enclosed is a check for the t	following amount:	
\$25.00 Filing Fee	(additional copy is enclosed) Certified	te of Status &

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

FFA HOLDINGS, LLC			
(Name of the Limited Liabi (A Florid	lity Company as it now appe la Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L13000030136</u>	y Company were filed on	2/27/2013	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company ho	ere:	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Com	pany," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	. Parts
(Principal office address MUST BE A STREET AD	DRESS)	7	22
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		CALL TO A CALL T	H 7 22 PH
		00 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, enter the	name of the nev
Name of New Registered Agent:			
New Registered Office Address:	E	Inter Florida street address	8
		, 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, <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	<u>Name</u>	Address	Type of Action
MGR	MARIO MONGINI	464 CONSERVATION DRIVE	X Add
		WESTON, FL 33327	Remove
			Add
			Remove
			Add
			Remove
		ディン ・ 1、 ・ 1、 ・ 1、 ・ 1、 ・ 1、 ・ 1、 ・ 1、 ・ 1、	-22
		CF STALE	PH
			Remove
			_
			Add
			Remove
			Add
			Remove

•	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• -	• •
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ted 5	121/2013a n
	MIMM
	Signature of a member or authorized representative of a member
	MARTIN J. CHAMPAGNE, JR.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2019 MAY 22 PH 12: 19