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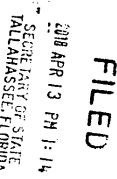
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COVER LETTER

TO:	Registration Se Division of Cor							
CHDI	PCT.	FPC RE	EALTY GROUP, LLC					
SUBJI	ECT:	Name of Lim	ited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
			LARON FRAZIER					
			Name of Person					
Firm/Company								
2313 LIBERTY STREET								
			Address					
		HOLL	YWOOD, FLORIDA 3302	20				
	City/State and Zip Code							
			NFRAZIER37@YAHOO. to be used for future annual re					
For fu	rther information c	oncerning this matter, please ca	·	port nonnearony				
LARC	N FRAZIER		305 at ()	910-1953				
	Name o	f Person	Area Code	Daytime Telephone Number				
Enclos	sed is a check for the	he following amount:						
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$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**

FPC REALTY GROUP LLC			
(Name of the Limit	d Liability Company as it now A Florida Limited Liability Con	appears on our records.)	
The Articles of Organization for this Limited Liz Florida document numberL13000085556	ability Company were filed	on06-13-2013	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability comp	any here:	
FPC PROPERTY MANAGEMENT AND INVES	TMENT GROUP LLC		
The new name must be distinguishable and contain the we	ords "Limited Liability Company	y," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		·	SECRETALLA
			AR A T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			3 PH 1: 14 SSEE FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered of		ess on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:	2313 LIBERTY STREET		
		nter Florida street address	
	HOLLYWOOD		33020

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change
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Page 3 of 3

Filing Fee: \$25.00