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(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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AUG - 7 2013

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 17, 2013

FRANCISCO BERRIO 20230 SW 124 CT MIAMI, FL 33177

SUBJECT: FMARKA, L.L.C. Ref. Number: L13000090780

We have received your document for FMARKA, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 913A0001741

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

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TO:	Registration Section
	Division of Corporations

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SUBJECT:

FMARKA, 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:

Tallahassee, FL 32314

	Francisoc B				
	Name of Person				
	FMARKA, LLC				
	Firm/Company				
	20230 SW 124 Ct				
		Address			
Miami, FL 33177					
City/State and Zip Code					
franciscoberrio27@yahoo.com				17.5	
	E-mail address: (to be used for future annual report notification	on)	2013 AUG	
For further information	concerning this matter, please c	all:		45 -	078 755 Lacares
Francisco	Berrio	at 305 283-8908	В	శ్రాష్ట్రం	
Name	of Person	Area Code & Daytime Tel	lephone Number	PH 12: 38 OF STATE	\mathbf{C}
Enclosed is a check for	the following amount:			32	
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &)
Regist Divisi	ING ADDRESS: ration Section on of Corporations dox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

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	FMARK, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it nov Florida Limited Liability Cor	v appears on our records.) npany)	
The Articles of Organization for this Limited L Florida document number <u>L1300009078</u>		on 06/24/2013	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liability comp	<u>any here</u> :	
The new name must be distinguishable and end wir "L.L.C."	h the words "Limited Liabilit	y Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applic	able:		2013 1945
(Principal office address MUST BE A STREE	TADDRESS)		STI B
			- FT
Enter new mailing address, if applicable:			10 17 L
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/ registered agent and/or the new registered of	Begister's be changed or registered office addre	Address me	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	20230 SW 124 C	Т	
-		Enter Florida street ad	dress
	Miami	, Florida <u>3</u>	
	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 mercly 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</u> or Managing Member being added or removed from our records:

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MGR = Manager MGRM = Managing Member

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Title	Name	<u>Address</u>	Type of Action
		. <u></u>	Add
			Remove
			Add
			Remove
			Remover STATE
			Remove
			Add
			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Correct Address for Article II and Article IV is 20230 SW 124 CT Miami, FL 33177 July 10 2013 Dated Signature of a member or authorized representative of a member Francisco Berrio - OWNER Typed or printed name of signee Page 3 of 3 Filing Fee: \$25.00

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