113000 158747

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
,	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
•	•	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500253853245

11/18/13--01016--024 **30.00

NOV 1 9 2013

CECRETARY OF SELECTIVE SECURITY OF SEC

er to the second second

COVER LETTER

TO: Registration Security Division of Corp	ction porations		
SUBJECT:	FOS	SNIC, LLC	
	Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub	-	
	Gl	enn M. Anderson, Esq.	
		Name of Person	
		Miller, Miller & Canby	
		Firm/Company	
	:	200 B Monroe Street	
		Address	- · · · · · · · · · · · · · · · · · · ·
	F	Rockville, MD 20850	
	,	City/State and Zip Code	
	gmar E-mail address: (nderson@mmcanby.com to be used for future annual report notifica	tion)
For further information of	oncerning this matter, please of		,
rot further information co	oncerning this matter, prease c	aii.	
	n M. Anderson	ar(62-5212
Name o	f Person	Area Code & Daytime T	elephone Number
Enclosed is a check for the	ne 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 & Continuous Certificate of Status & Certified Copy; (additional copy is enclosed)
p. e v v	ING ADDRESS	CTDECT/COUDIE	B ADDRECC.

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

F	FOSNIC, LLC				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now app	pears on our records.)			
(A i foliar	1 Ellinea Elaolity Compan	<i>(</i>)			
The Articles of Organization for this Limited Liability	Company were filed on _	November 12, 2013	and a	ıssigned	
Florida document number L13000158747					
	_ 				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liability company	here:			
	FOSNIK, LLC				
The new name must be distinguishable and end with the w	ords "Limited Liability Cor	mpany," the designation "LL	.C" or th	e abbrev	iation
"L.L.C."			F 60	20	
Enter new principal offices address, if applicable:				2013)	
(Principal office address MUST BE A STREET ADD	DRESS)			20	
The party of the state of the s			<i>37</i> ⊃2	<u>~~~</u>	
		- · · · · · · · · · · · · · · · · · · ·	Tig		
			10 (1)	⊐K	40.7
Enter new mailing address, if applicable:			<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		on our records, <u>enter th</u>	e name	of the	new
registered agent and/or the new registered office ad	iuress nere:				
Name of New Registered Agent:					
New Registered Office Address:		<u>-</u>			
	•	Enter Florida street addre	ess		
		, Florida			
	City	,	Zip Co	ode	

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:

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Retritove
			Add Remove
). If amei 	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ry.)
-			
- - -			
	Man Male	013 er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00