11/1422018 4:03:42 FM F	AXOM ADVWNOR ON ON ON OF 52 State Florida Department of State Division of Corporations Electronic Filing Cover Sheet
Note: Please number (sho	print this page and use it as a cover sheet. Type the fax audit wn below) on the top and bottom of all pages of the document. (((H18000303400 3)))
To: RECEIVED From: NOV 1 4 2018 **Enter the en	Division of Corporations Fax Number : (850)617-6383 Account Name : FLAGLER DEVELOPMENT GROUP, LLC Account Number : I20020000144 Phone : (305)520-2344 Fax Number : (305)520-2400 mail address for this business entity to be used for future eport mailings. Enter only one email address please.
LLC A	MND/RESTATE/CORRECT OR M/MG RESIGN FECI COMPANY, LLC Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge \$25.00 Certificate of Status 0 Page Count 04 Estimated Charge \$25.00

			C	OVER	LETT	ER				
TO:		stration Sect ion of Corpo								
		FECI Compa	ny, LLC .							
SUBJE	SUBJECT:									
The end	closed	Articles of A	mendment and fee(s) are subm	uitted for fili	ne.					
			dence concerning this matter to							
			Jessica Perez							
			·	Name	of Person		, z			
					Company					
	117 NE 1st Avenue, 11th Floor									
	Address Miami, FL 33132									
				City/State	and Zip Co	de				
			kolleen.cobb@feci.com	o be used for	future ann	ual report notificat	tion)	ALL.	2011	
For fu	rther ir	nformation co	oucerning this matter, please cr			·			2018 NOV 1 L	••
Jessic	a Perez	<i>r.</i>		at (305	520-2366		SSEE	F	₽ I
		Name of		,	rea Code	Daytime To	elephone Number	OF STAFE	AM 9: 13	
		i check for th	e following amount: \$30.00 Filing Fee & Certificate of Status	Cert	0 Filing F ified Copy tional copy i	y	□ \$60.00 Fili Certificat Certified (additional o	e of Statu Copy	15 &	
		Registr Divisio P.O. B	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314		Regi Divi Clift	EET/COURIES stration Section sion of Corporati on Building Executive Cent	ons			

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

11/14/2018 4:03:42 PM FAXCOM Anywhere

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ted Liability Company as it now appears (A Florida Limited Liability Company)	i on our records.)
The Articles of Organization for this Limited L Florida document number	iability Company were filed on <u>12/</u>	09/1983 and assigned
his amendment is submitted to amend the foll	lowiag:	
A. If amending name, <u>enter the new name o</u>	of the limited liability company he	<u>rc</u> :
the new name must be distinguishable and contain the v	words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli Principal office address MUST BE A STREE		
THE CITE OFFICE ANALYSS MOST DE ASAAA		
Enter new mailing address, if applicable:		
	<u> </u>	
(Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and	d/or registered office address or	Part Parts
B. If amending the registered agent and	d/or registered office address or	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	d/or registered office address or office address here: Kolleen O.P. Cobb 117 NE 1st Avenue, 11th Floor	
registered agent and/or the new registered t	d/or registered office address or office address here: Kolleen O.P. Cobb 117 NE 1st Avenue, 11th Floor	

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.

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
VP	Marshall Bruce Snyder	117 NE 1st Avenue, 11th Floor	🗆 Add
		Miami, FL 33132	Remove
			Change
VP	Mauricio H. Anderson	117 NE 1st Avenue, 11th Floor	🖬 Add
		Miami, FL 33132	
			Chang e
			🗅 Add
			🗆 Remove
		,,	□ Change
			Add
			Remove
	······		🖸 Add
			Remove
			D Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	on
	23 <u>-</u>
	2018 NOV LIL AM 9: 13 SECRETARY OF STATE
	17

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dat e d _	Lovenber	14th . 2018	
		45-PC582-	
		Signature of a member or authorized representative of a member	
	Kolleen O.P. Cobb		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00