

L14000020549

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000267811 3)))



H140002678113ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FLORIDA CRYSTALS CORPORATION
Account Number : I20100000019
Phone : (561) 366-5138
Fax Number : (561) 366-5180

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV 18 PM 4: 25

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

14 NOV 18 AM 10: 00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FC LAND INVESTMENT A, LLC

Certificate of Status	0
Certified Copy	0
Page Count	4-3
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help NOV 19 2014
L. Bush

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

FC LAND INVESTMENT A, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 5, 2014
Florida document number L14000020549

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLP."

Enter new principal offices address, if applicable: 2199 Ponce de Leon Blvd.
Suite 201
Coral Gables, FL 33134
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: P.O. Box 3435
West Palm Beach, FL 33401
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Corporate Creations Network Inc.
New Registered Office Address: 11380 Prosperity Farms Road, #221E
Enter Florida street address
Palm Beach Gardens, Florida 33410
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 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.

Diana Serra Diana Serra, Vice President
If Changing Registered Agent, Signature of New Registered Agent

FILED
14 NOV 18 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FCI Residential Corporati	2199 Ponce de Leon Blvd., Suite 201	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 11 2014



Signature of a member or authorized representative of a member

Armando A. Tabernilla, Vice President

Typed or printed name of signee

14 NOV 18 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED