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.

(((H15000133696 3)))



H160001336963ABC1

Note: DO NOT hit the REFRESII/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 : A.T. PLUS OF MTAMT, INC

Account Number: T20140000104 Phone

; (305) 406-3800

Fax Numbor

: (305)406-3999

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIQUE MIAMI VILLAS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

'JUN O 5 2015

Y SULKEP

Electronic Filing Menu

Corporate Filing Menu

Help

=

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	UNIQUE MIAMI VILLAS LI.C	
(Name of the Lim	ited Liability Company as it now appears on our records, (A Florida Limited Liability Company))
The Articles of Organization for this Limited 1 FlorIda document number L15000018873	Liability Company were filed onFLORIDA	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
	FJMD GROUP LLC	
The new name must be distinguishable and contain the	words "Limited Liability Company," (the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
		And the state of t
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	Hor registered office address on our records, office address here: FLAUDEMIR JOAQUIM JR 3111 NORTH OCEAN DR # 702 Finter Florida street address	20.5 JUN -4
	City , Whor	Ida 33019
New Registered Agent's Signature, if changing	·	5× v
provisions of all statutes relative to the prop accept the obligations of my position as reg	ed agent and agree to act in this capacity. I further and complete performance of my duties, and istered agent as provided for in Chapter 605, F. registered office address, I hereby confirm that change. If Changing Registered Agent, Signifure of	her agree to comply with the I am familiar with and S. Or, if this document is the limited liability

Jun. 4. 2015 3:13PM
If amending Authorized to manage, enter the fitte, name, and address or each person peng added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	FLAUDEMIR JOAQUIM JR	3111 NORTH OCEAN DR # 702	= Add
		HOLLYWOOD FL 33019	Remove
			Change
MGRM	DECKER, MARTHYN	16850 COLLINS AVE #112-255	
		SUNNY ISLUS BUACH	Remove
		PL 33160	Change
✓ MGMR	FPCI HOLDING, LLC	11527 CAMDEN PARK DR	□ Add
		MIAMI, FL 34786	
			Change
MGRM	UNIQUE VIP CONCIERGE, LLC	3505 NW 113 TH COURT	
		MIAMI, FL 33178	■ Remove
			AHARANA AHARAN
			SSEC DO Remove TO
			Remove
			☐ Change

Jun.	4.	2015	3 :	13PM
A = 114		2017		

-/		and III (Lugary age		
				2
			<u>/</u>	

		····		
				
		······································	····	
= 1 × =				
				^ >
ctive date, if other than the da effective date is listed, the date must be	te of filing:	ta date of filing or more than	(optional)	<u>≥ (:</u> = = = :
E it me date miseried ist this block	does not meet the applica	abie sialulory illing requir	ements, this date wi	Limit be listed o
ament's effective date on the Depa	riment of State's records.			\$ 1 L
ecord specifies a delayed e	Ffactive data but not	t an affactive time a		
ne 90th day after the record	is filed.	c an enecuve time, a	(12:01 a.m. on	
				を記る
d	2015			T INTE
		<u> </u>		
		£	NAME TO A STATE OF THE PARTY OF	
316	nature of a member of numb	rized representative of a men	nocf	

Page 3 of 3

Filing Fee: \$25.00