

# L15000027953

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

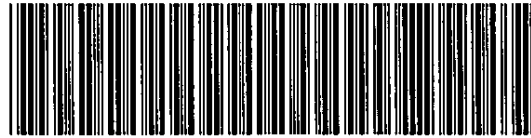
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800292863198

12/12/16--01043--025 \*\*25.00

FILED  
16 DEC 12 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
DEC 13 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FCR Holdings 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:

Jonathan Clark

Name of Person

Law Offices of Jonathan K. Clark

Firm/Company

90 Alton Road, Unit 2007

Address

Miami Beach, FL 33139

City/State and Zip Code

jkclark@jkclarklaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Clark

305

934 0974

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### 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

FILED  
16 DEC 12 PM 4:32  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

FCR Holdings 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 02/13/2015 and assigned  
Florida document number L15000027953.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

**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> | <u>Name</u>       | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|-------------------|----------------------|--------------------------------------------|
| MGR          | MASSIMO FORTUNATO | 3551 EAST GLENCOE ST | <input type="checkbox"/> Add               |
|              |                   | Miami, FL 33133      | <input checked="" type="checkbox"/> Remove |
|              |                   |                      | <input type="checkbox"/> Change            |
|              |                   |                      | <input type="checkbox"/> Add               |
|              |                   |                      | <input type="checkbox"/> Remove            |
|              |                   |                      | <input type="checkbox"/> Change            |
|              |                   |                      | <input type="checkbox"/> Add               |
|              |                   |                      | <input type="checkbox"/> Remove            |
|              |                   |                      | <input type="checkbox"/> Change            |
|              |                   |                      | <input type="checkbox"/> Add               |
|              |                   |                      | <input type="checkbox"/> Remove            |
|              |                   |                      | <input type="checkbox"/> Change            |
|              |                   |                      | <input type="checkbox"/> Add               |
|              |                   |                      | <input type="checkbox"/> Remove            |
|              |                   |                      | <input type="checkbox"/> Change            |
|              |                   |                      | <input type="checkbox"/> Add               |
|              |                   |                      | <input type="checkbox"/> Remove            |
|              |                   |                      | <input type="checkbox"/> Change            |
|              |                   |                      | <input type="checkbox"/> Add               |
|              |                   |                      | <input type="checkbox"/> Remove            |
|              |                   |                      | <input type="checkbox"/> Change            |

FILED  
DEC 12 2016  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 6, 2016

Typed or printed name of signee

FILED  
16 DEC 12 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA