115000028403

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MECRETARY OF STATE
APASSEE, FLORIDA.

S Warren MAR 2 8 2017

COVER LETTER

TO:	Registration Second Division of Corp.		18	· · · · · · · · · · · · · · · · · · ·
SUBJI	ECT: FCG	M LLC Name of Lim	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Willia	Name of Person	
		- William FCGM	LL C Firm/Company	
		1157	Belma ave	
		Port charle	City/State and Zip Code	<u> </u>
		Willofca E-mail address	tactical. com lo be used for future annual report notif	ication)
For fur	ther information co	ncerning this matter, please ca	all:	
_h	rilliam Rid	Parcan	at (941 286	-0590 e Telephone Number
	(Valle of	1 (1301)	Acc Code Baymin	, receptions : rained
Enclos	ed is a check for the	following amount:		
□ \$2	5.00 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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

-CGM LI	LC
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability of Florida document numberL15000038403	Company were filed on <u>3/16/15</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)
Enton now mailing address if annihable.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ì
Mutting uturess MAT BE A POST OFFICE BOA	
3. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the lress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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

Page 1 of 3

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>	Address	Type of Action
mgr	Thomas M. Kirk Sr	9397 Gulfstream Blud, Englewood, FL 34	224 B Add
			Remove
			Change
 			
			□ Remove
			☐ Change
			Add
			□ Remove
	,		Change
****			🗖 Add
			Remove
			Change
			🗆 Add
			Remove
		- <u> </u>	Change
			O ARTI
		FLORID	Remove
		▶	☐ Change

	
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<u>e:</u> [f	date, if other than the date of filing:
ecor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the record is filed.
те 91	A . 1
ъе 91	March 22 , 2017
he 91	
he 91	Signature of a member or authorized representative of a member
he 90	Signature of a member or authorized representative of a member

Filing Fee: \$25.00