# LI5000082609

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#### **COVER LETTER**

Tallahassee, FL 32314

TO:	Registrat Division o							
CUD III		1 AMEI	RICA, LLC					
SUBJEC	.1:	Name of Limited Liability Company						
The encl	osed Artic	les of A	amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all co	rrespon	dence concerning this matter	to the following:				
			Gregory P. Borgognoni					
				Name of Person	<del></del>			
			Borgognoni Law, PL					
				Firm/Company				
			355 Alhambra Circle, Suit	e 1205				
				Address				
			Coral Gables, FL 33134					
			gb@gbrflaw.com	City/State and Zip Code				
				to be used for future annual report	notification)			
For furth	ner informa	ation co	ncerning this matter, please c	all:				
Gregory	P. Borgo	gnoni		305 671-332	3			
	*	Name of	Person		ytime Telephone Number			
Enclosed	l is a checl	k for the	e following amount:					
<b>≡ \$2</b> 5.	.00 Filing	Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing A Registra	tion S	ection	Street Address Registration	Section			
	P.O. Box		orporations 7	Division of Corporations The Centre of Tallahassee				

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

VAM AMERICA, LLC							
(Name of the Lim	ited Liability Company as it now appo (A Florida Limited Liability Company	ears on our records.)					
The Articles of Organization for this Limited I	Liability Company were filed on	05/11/2015					
Florida document number L15000082609			7				
This amendment is submitted to amend the fol	lowing:		य				
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :					
FMAV, LLC							
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or t	he abbreviation "L.L.C."				
Enter new principal offices address, if appli	cable:						
(Principal office address MUST BE A STRE							
The part office dances month in a north	LI ADDRESS/						
			<del></del>				
Enter new mailing address, if applicable:							
<u>(Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	<del></del>					
	<del></del>						
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our	records, enter the i	name of the new registered				
agent and of the new registered office address	ess nere.						
Name of New Registered Agent:	Gregory P. Borgognoni						
New Registered Office Address:	355 Alhambra Circle						
	Enter Florida street address						
	Coral Gables	, Florida	33156				
	Ciţy		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.

If Changing Registered Agent, Signature of New Registered Agent

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 Title Name Address **Type of Action** \_\_\_\_\_ □Change \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□Add \_\_\_\_\_\_ □ Add \_\_\_\_\_\_ □Add \_\_\_\_\_ □Add 

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Effecti	ive date, if other than the dat	e of filing:	(ontion	nal)
(If an effi	ive date, if other than the date extremely date is listed, the date must be If the date inserted in this block ent's effective date on the Department.	specific and cannot be prior to date does not meet the applicable st	of filing or more than 90 days after fatutory filing requirements, this	iling.) Pursuant to 605.0207 (3 date will not be listed as th
the rec ) The	ord specifies a delayed ef 90th day after the record	fective date, but not an is filed.	effective time, at 12:01 a.	m. on the earlier of:
Dated	September 28,	2020		
	Sign	nature of a member or authorized r	opresentative of a member	<del></del>
	/ / *	1	· 1	

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Typed or printed name of signee

Filing Fee: \$25.00