# L15000 12666

(Requestor's Name)		
(Ad	ldress)	
(Ad	ldress)	
`	•	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
/Dı	ısiness Entity Nar	ma)
ua)	isiness Entity ivar	nej
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000275965500

08/13/15--01028--014 \*\*25.00



AUG 1 4 2015 J SHIVERS

## **COVER LETTER**

TO:	Registration Sec Division of Corp	ction porations		
SUBJ:	FCT•	GREY STREET F	PROPERTIES LLC	
			ted Liability Company	<del>.</del>
The er	nclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		JAR	ED MCCOWAN	
			Name of Person	<del></del>
			Firm/Company	
		12302 5	TONE LAKE RANKH Address	BLVD.
		THONUT	To SASSA FL 33597 City/State and Zip Code	2
		E-mail address: (t	EDMCcowAN & GMA o be used for future annual report notifi	IL (Com_
For fu	rther information co	oncerning this matter, please ca		,
	JARED	MCCOWAN	at (317) 600 -	7220
	Name of	' Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
<b>SZ</b> \$2	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

# TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	T PROPERTIES LLC  y as it now appears on our records.)  ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>LISOOV126090</u> .	were filed on JULY 23, 2	2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del> </del>
(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 off registered agent and/or the new registered office address here	•	enter the name of the new
Name of New Registered Agent:		5 5
New Registered Office Address:	Enter Florida street address	3 PH 12:
	City , F1011	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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JARED MCCOWAN	12302 STONE LAKE RANKIT BLUD.	Add
		THONOTOGASSA, FL 33592	□ Remove
			Change
			Add
			☐ Remove
	•		Change
			Add
			□ Remove
			□ Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change

<del></del>	· · · · · · · · · · · · · · · · · · ·
	and the second s
	255 <b>3</b>
	E I
	922 862 <b>2</b> 10
	Fs R
Effective date, if other than the date of filing: AUGUST 1 2015 If an effective date is listed, the date must be specific and cannot be prior to date of filing or more that Note: If the date inserted in this block does not meet the applicable statutory filing required locument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier of
Pated August 9th . 2815 .  Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a m	nember
JARED MICOWAN  Typed or printed name of signee	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00