L15000145808

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2015 SEP 17 PH 4: 53
SECRE MRY OF STATE
TALLAHASSEE FLORIDA

SEP 18 2015 J. HARRIS

COVER LETTER

FERN	ANDO ALEJANDRE V, LLC			
UBJECT: Name of Limited Liability Company				
	s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following:			
	Alejandro Fernandez			
	Name of Person			
	Firm/Company			
	3822 Woodfield Ct Address			
	Coconut Creek, FL 33073			
	City/State and Zip Code			
For further information	E-mail address: (to be used for future annual report notification) on concerning this matter, please call:			
Fernando Alejandre	954 895-6927			
Nar	ne of Person Area Code Daytime Telephone Number			
Enclosed is a check for	or the following amount:			
■ \$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FERNANDO ALEJANDRE V, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reco d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 08/28/2015	and assigned
Florida document number L15000145808		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
F F E Investors, LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		
		115 S
	11.	至
Enter new mailing address, if applicable:	r /A	555
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		153 102
 If amending the registered agent and/or registered egistered agent and/or the new registered office address he 	office address on our recor	rds, enter the name of the no
egistered agent and/or the new registered office address no	<u>:re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	,]	Florida
	City	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

, - 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** NA _□ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove ⊡ Remove _□ Change _□ Add

☐ Remove

☐ Change

Effective date, if other than the date of filing: 99/09/2015 (optional file of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records. The 90th day after the record is filed. Dated September 14 2015 2015 2015	
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Signature of a member or authorized representative of a member	
✓ Signature of a member or authorized representative of a member	2015 SEU
	SEP AHA
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Filing Fee: \$25.00