L15000 201845

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COVER LETTER

TO: Registration S Division of Co					
FAMB, L	LC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fec(s) are sub	mitted for filing.			
	oondence concerning this matter	_			
	Frank C Quesada				
		Name of Person			
	- 74 - 531 - 41	Firm/Company		 	·4
	201 Alhambra Circle Suite	205			16 JUL
		Address		_	
	Coral Gables, FL 33134				φ (A)
		City/State and Zip Co	ode		16 JUL -8 AM II: 51
	h-mail address: (to be used for future and	ual report notifica	ation)	<u>7</u>
For further information	concerning this matter, please ca	all:			
Frank C Quesada		305 at ()	614-2222		
Name	of Person	Area Code	Daytime T	Celephone Number	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy is	/	□ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &
	LING ADDRESS: tration Section		EET/COURIER	RADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAMB, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company for ida document number $\frac{1.15000201845}{1.15000201845}$.	y were filed on 12/02/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Lunited Liab	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		700
		6 F.G.
		月 製
Enter new mailing address, if applicable:		8 SE SE
Mailing address MAY BE A POST OFFICE BOX)		A 559
		<u> </u>
B. If amending the registered agent and/or registered of		er the name of the new
registered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
MGR Anna D Quesada		201 Alhambra Circle, Suite 205			
		Coral Gables, FL 33134	Remove		
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			☐ Remove		
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			AMOVE TO SEE TO		
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		201 Alhambra Circle, Suite 205 Coral Gables, FL 33134	□ Remove		
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