LILONOS317

| (Requestor's Name) | |
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| | |
| (Address) | |
| | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | _ |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: | | istration Sec sion of Corp | | , . | | |
|---------|---------|-----------------------------------|--|---|------------------|-----------------------|
| erm u | гот. | FDB Holdin | ngs LLC | | | 75 |
| SUBJI | r.CT: | Name of Limited Liability Company | | | | JIB SEP |
| The en | closed | Articles of A | Amendment and fee(s) are sub | omitted for filing. | | 2018 SEP 19 FM 11: 28 |
| Please | return | all correspor | ndence concerning this matter | to the following: | | 三号 |
| | | | Donna L Balet | | | ? ? |
| | | | | Name of Person | , | - |
| | | | FDB HOLDINGS LLC | | | |
| | | | | Firm/Company | | |
| | | | 6907 Briarlake Circle | | | |
| | | | _ | Address | - - | _ |
| | | | Palm Beach Gardens, FL 1 | 33418 | | 2010 SEP |
| | | | donnabalet@gmail.com | City/State and Zip Code | | EP 24 |
| For fur | ther in | formation co | E-mail address: (oncerning this matter, please c | to be used for future annual report notif | ication) | |
| Donna | ı L Bal | et | | 561 624-5000 at () | | 11:36 10:10:4 |
| | | Name of | Person | Area Code Daytime | Telephone Number | |
| Enclos | ed is a | check for the | e following amount: | | | |
| \$2. | 5.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & |

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

| FDB HOLDINGS LLC | | |
|---|---|-------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L16000005317</u> . | were filed on January 1, 2016 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity 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) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| 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 here | 2: | 2018 1344 |
| Name of New Registered Agent: | | SEP 2 |
| New Registered Office Address: | | SE F |
| | Enter Florida street address | |

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.

City

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> | Address | Type of Action |
|--------------|----------------------|---------------------------------------|--|
| MGR | Jessica Lynn DeBerry | 10410 SW 56th Ave. Ocala, FL 34476 | ■ Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
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| ective date, if other than the date is listed, the date must be | ate of filing: | filing or more than 90 da | (optional) vs after filing.) Pursi | ant to 605 |
| te: If the date inserted in this block cument's effective date on the Department. | k does not meet the applicable stati | | | |
| · | | | | |
| record specifies a delayed e The 90th day after the record | | fective time, at 12 | :01 a.m. on th | ne earli |
| September 15 | 2018 | | | |
| | D. I Role | + | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00