1600010993

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JNS 1-39-19 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 599196 8079763 AUTHORIZATION / COST LIMIT ORDER DATE: January 23, 2019 ORDER TIME : 2:43 PM ORDER NO. : 599196-001 CUSTOMER NO: 8079763 DOMESTIC AMENDMENT FILING NAME: RETICENT LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

CERTIFIED COPY
XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RETICENT LLC		
(Name of the Limited Liab (A Flor	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L16000010993</u>	Company were filed on 01/15/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
FWCI SERVICES, LLC		
The new name must be distinguishable and contain the words "L	mited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
	1,	2813 TALL
B. If amending the registered agent and/or reg		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, ente	
registered agent and/or the new registered office ad	uress nere:	SET OF
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		20 88/
	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 an ending 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
			Add
			□ Remove
			□ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add Add Remove
			SS D Company
			Change Ch
			Change
			□ Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach addit		
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	8: 20 0:41:	
	59	
E. Effective date, if other than the date of filing:	(optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	more than 90 days after filing.) Pursuant to 605, ing requirements, this date will not be liste	0207 (3)(b) d as the
If the record specifies a delayed effective date, but not an effective (b) The 90th day after the record is filed.	time, at 12:01 a.m. on the earlie	er of:
Dated / 28/19		
Cake E		
Signature of a member or authorized representative	ve of a member	

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Typed or printed name of signee

Filing Fee: \$25.00