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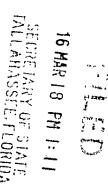
(Requestor's Name)
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COVER LETTER

TO:	Registration Sec Division of Corp	
CHD IC		ESTIMENTS LLC
SUBJE	ol:	Name of Limited Liability Company
The encl	losed Articles of A	Amendment and fee(s) are submitted for filing.
Please re	eturn all correspon	ndence concerning this matter to the following:
		RAQUEL B MOWRER
		Name of Person
		OGC ASSOCIATES ORLANDO CORP.
•		Firm/Company
		4368 LB MCLEOD RD
		Address
		ORLANDO, FL 32811
		City/State and Zip Code
		RAQUEL@OGCFINANCIAL.COM
		E-mail address: (to be used for future annual report notification)
For furt	her information co	oncerning this matter, please call:
RAQU	EL B. MOWRER	407 985-4404 at ()
	Name of	
Enclose	d is a check for th	ne following amount:
\$25	.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

FAMA INVESTIMENTS LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability Control	Company were filed on 02/02/2016	and assigned
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the lim	nited liability company here:	
FAMA INVESTMENTS LLC	•	
The new name must be distinguishable and contain the words "Lir	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 ADD	PRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	-	nter the name of the no
Name of New Registered Agent:		S CD 280
New Registered Office Address:	Emer Florida street address	
	, Florid	la <u> </u>
	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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
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			□ Remove
			Change
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Filing Fee: \$25.00

Typed or printed name of signee