L16000114252

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
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	(Business Entity Name)
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Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:





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COVER LETTER

TO:	Registration Section
	Division of Corporations

2300 RESTAURANT EXCHANGE, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roger M. Pomerance

Name of Person

FEC Services, LLC

Firm/Company

1900 NW Corporate Blvd., Suite 201E

Address

Boca Raton, FL 33431

City/State and Zip Code

rpomerance@attfl.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & 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

2300 RESTAURANT EXCHANGE, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>06/15/2016</u> and assigned

Florida document number L16000114252

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FEC 1031, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		- EC A
New Registered Office Address:		FLU
	Enter Florida street address	ATE 24
	. Florida	

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action		
VP	Gwenda L. Zdenek	1900 NW CORPORATE BLVD			
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		BOCA RATON, FL 33431	Change		
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D. if amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

December 27 Dated		
\mathcal{D}	nede	
	Signature of a member or authorized representative of a member	
J. Daniel Brede		
<u> </u>	Typed or printed name of signce	

Page 3 of 3

Filing Fee: \$25.00