47000041035

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02/24/17--01021--021-**25.00 File of File of State of File of

LEB 27 2017 J. HARRIS

COVER LETTER

FFC, LLC	* ·		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Bill McIntyre		
		Name of Person	
	William C. McIntyre, P.A.		
		Firm/Company	
	4207 SW High Meadow Av	venue	
		Address	<u></u>
	Palm City, FL 34990		
		City/State and Zip Code	
	bmcintyre@wcmpa.com		<u></u>
	E-mail address: (to	o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	H:	
Bill McIntyre		772 288-3000	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

FFC, LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000041035		were filed on February 21, 2017	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liah	oility company here:	
FJJ, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	Same	
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>
			<u> </u>
			F1L
Enter new mailing address, if applicable:		Same	
(Mailing address MAY BE A POST OFFICE	BOX)		2 995
			 △≥
			1
B. If amending the registered agent and registered agent and/or the new registered o			er the name of the new
Name of New Registered Agent:	N/A		
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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			
			□ Remove
			Change
			Add
			□ Remove
			Change
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<u>.</u>			Add
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			Remove
			Change

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Filing Fee: \$25.00