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Amend

09/19/17--01015--019 \*\*60.00

SECRETARY OF SIME DIVISION OF CORPORATION

N. CAUSSEAUX SEP 1 8 2017

# **COVER LETTER**

TO:	Registration Section
	Division of Corporation

SUBJECT:	DH-7616 WA	LTON ST ROCKFÖ	RD IL, LLO			
		Name	of Limited I	Liability Company		
The enclosed	Articles of Ar	nendment and fee(s)	are submitte	ed for filing.		
Please return	all correspond	ence concerning this	matter to th	e following:		
		For Li				
			<del></del>	Name of Person		<del></del>
		FG-MGR, LLC, c/o	EGOAVIL	. & HORVAT, PL	.LC	
				Firm/Company		
		2525 Ponce De Leo	 n Boulevard 	d, Suite 300		
			:	Address		
		Coral Gables, FL 33	 			
			Ci	ty/State and Zip Coo	de	<u> </u>
		fli@fg-llc.com	1	-16-6-		
				used for ruture annu	ual report notification	n)
For further in	iformation con	cerning this matter, pl	lease call:			
For Li		1	240 t	893-8833		
	Name of Pe	erson	1	Area Code	Daytime Tele	phone Number
Enclosed is a	check for the i	following amount:				
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee Certificate of Sta		1 \$55.00 Filing Fe Certified Copy (additional copy is a		■ \$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

DH-7616 WALTON ST ROCKFORI	D IL, LLC
( <u>Name of the Limited</u>	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
	bility Company were filed on February 24, 2017 and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
	<u> </u>
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation [L.L.C.]
ا  Enter new principal offices address, if appl <mark>i</mark> cal	ble: SE ZE
(Principal office address MUST BE A STREET	ADDRESS)
	<b>→</b> □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Enter new mailing address, if applicable:	<b>5</b> 5
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, <u>enter the name of the new</u> ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
ļi .	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 = Authorized Member

<u>Title</u>	<u>Name</u>	ļį.	Address	Type of Action
MMBR	FG-MGR, LLC		14103 CHINKAPIN DR.	
			ROCKVILLE, MD 20850	Remove
				Change
MBR	REDSTONE, LLC		6004 CODY COVE	
			SPRING HILL, TN 37174	□ Remove
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lf an effec <u>Note:</u> If documen	e date, if other than tive date is listed, the date the date inserted in thi it's effective date on th	must be specific and is block does not be Department of	d cannot be prior to meet the applical State's records.	o date of filing or noble statutory filin	ore than 90 days ; ig requirements,	this date will no	ot be listed a
	rd specifies a dela Oth day after the			an effective t	time, at 12:0	ii a.m. on th	e earlier o
Dated	AUGUST 3/		2017		,		
			·	like			
		Signature of a	member or author	ized representative	of a member		
	FG-MGR, LLC as M	 Janaging Mem <b>b</b> e	r, represented by	PUN FOR LI as	s Manager		
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Filing Fee: \$25.00