L17000078219

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September 17, 2018

JOSHUA BYRNS 3225 MCLEOD DR LAS VEGAS. NV 89121 US

SUBJECT: FL934GRCS, LLC Ref. Number: L17000078219

We have received your document for FL934GRCS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 018A00019283

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FL934GRCS, LLC			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) Hity Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L17000078219</u>	re filed on <u>04/07/2017</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
FL6004CR39, LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	obreviation "L.L.C."	
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 offic registered agent and/or the new registered office address here:	e address on our records, enter	the name of the	e new
		, a ~	
Name of New Registered Agent:		HG 5,	
New Registered Office Address:		- R 3 T	1
	Enter Florida street address, Florida City	AAR.	
	, Florida	S =	7-
	City	The case	j
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 ag	ree lo comply wit	th the
provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro			

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			DbA
			☐ Remove
			Change
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Filing Fee: \$25.00