

L17000150372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

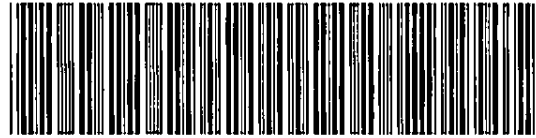
(Document Number)

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W17-96346 - name

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TALLAHASSEE, FLORIDA

S. WARREN

NOV 03 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 7, 2017

K. LYNDA HORVAT  
EGOAVIL & HORVAT, PLLC  
2525 PONCE DE LEON BLVD, SUITE 300  
CORAL GABLES, FL 33134

SUBJECT: FRANCHISE GROWTH (DH-DIRECT 12), LLC  
Ref. Number: W17000018442

L17000150372

We have received your document for FRANCHISE GROWTH (DH-DIRECT 12), LLC and your check(s) totaling \$360.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

TRACKING #500296270025 IS A REJECTED FILING, THE ENTITY HAS NOT BEEN ISSUED SO THE CORRECTION CAN BE MADE ONLINE

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return 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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 417A00013800

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FRANCHISE GROWTH (DH-DIRECT 2), LLC

\_\_\_\_\_  
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:

K. LYNDA HORVAT

\_\_\_\_\_  
Name of Person

EGOAVIL & HORVAT, PLLC

\_\_\_\_\_  
Firm/Company

2525 PONCE DE LEON BLVD., SUITE 300

\_\_\_\_\_  
Address

CORAL GABLES, FL 33134

\_\_\_\_\_  
City/State and Zip Code

kLYNDA@EGOAVILHORVAT.COM

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

For further information concerning this matter, please call:

K. LYNDA HORVAT

305 450-2825  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FRANCHISE GROWTH (DH-DIRECT 2), 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 March 3, 2017 and assigned  
Florida document number 50029670025 20029670025

This amendment is submitted to amend the following:

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

FG REALTY II 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:

New Registered Office Address:

*Enter Florida street address*

*City*

Florida

*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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	FG-MGR, LLC	14103 Chinkapin Dr.	<input type="checkbox"/> Add
		Rockville, MD 20850	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FG-HOLDCO LLC	14103 Chinkapin Dr.	<input checked="" type="checkbox"/> Add
		Rockville, MD 20850	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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SCHOOL OF STATE  
TALLAHASSEE, FLORIDA