

L17000150383

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(Document Number)

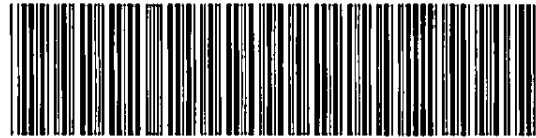
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S. WARREN

NOV 03 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 7, 2017

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

SUBJECT: FRANCHISE GROWTH (DH-EB5), LLC  
Ref. Number: W17000018446

L17000150383

We have received your document for FRANCHISE GROWTH (DH-EB5), 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):

THE ONLINE FILING #500296271355 IS A REJECTED FILING, 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: 217A00013801

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FRANCHISE GROWTH (DH-EB5), 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  
\_\_\_\_\_  
Name of Person  
  
305 450-2825  
at (\_\_\_\_\_) \_\_\_\_\_  
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-EB5), 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 500296271355.

This amendment is submitted to amend the following:

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

FG REALTY IV 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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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, 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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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: June 30, 2017 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated June 30 2017

Signature of a member or authorized representative of a member

PUN FOR LI ON BEHALF OF FG-MGR, LLC as Manager of the Company

Typed or printed name of signee

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17 NOV -2 PM 4:21  
SOUTHERN DISTRICT  
TALLAHASSEE, FLORIDA