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COVER LETTER

TO:	Registration Section
	Division of Corporations

FG REALTY IV LLC
SUBJECT:

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:

Jose L. Torres

Name of Peison

Jose L. Torres, P.A.

Firm/Company

224 Palermo Avenue

Address

Coral Gables, Florida 33134

City/State and Zip Code

fli@fg-llc.com

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

For further information concerning this matter, please call:

Jose L. Torres		305 400-8802	
Name of Person			ne Telephone Number
Enclosed is a check for th	he 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)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations inter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FG REALTY IV 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 July 13, 2017 and assigned Florida document number 1.17000150383

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liab</u>	vility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "E.L.C.
Enter new principal offices address, if applicable:	201 Madeira Avenue
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33134
Enter new mailing address, if applicable:	201 Madeira Avenue
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, FL 33134

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Jose L. Torres, P.A.	
New Registered Office Address:	224 Palermo Avenue	
	Enter	Florida street address
	Coral Gables	, Florida ³³¹³⁴
	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 1 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.

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

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Title	<u>Name</u>	Address	Type of Action
MGR	FG-MGR LLC	14103 Chinkapin Drive	∎ Add
		Rockville, MD 20850	E Remove
			Change
AMBR	FG-HOLDCO LLC	14103 Chinkapin Drive	🗌 🗌 Add
		Rockville, MD 20850	Remove
		·····	Remove
<u></u>			O Add
			Remove
			Change
			Q Add
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			Change
- -			🗆 Add
			Remove
			Change
<u> </u>			Q Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

Dated	November 6	2017		
		Till		
	Signature of a member or authorized representative of a member			
	Pun For Li	1		
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00