

L17000209416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

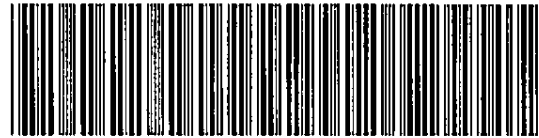
(Business Entity Name)

(Document Number)

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2017 OCT 23 AM 11:43

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K SALLY  
OCT 20 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CC-1601 N WOODLAND BLVD DELAND FL 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:

Jose L. Torres

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

Jose L. Torres, P.A.

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

224 Palermo Avenue

\_\_\_\_\_  
Address

Coral Gables, FL 33134

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

lli@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

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**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**

CC-1601 N WOODLAND BLVD DELAND FL LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 10, 2017 and assigned  
Florida document number L17000209416

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 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*

\_\_\_\_\_, **Florida**  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	FGGF VENTURES, LLC	2525 Ponce De Leon Blvd	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Coral Gables, FL 33134	<input type="checkbox"/> Change
MGR	Amazonia Consulting Group, LLC	299 Alhambra Circle	<input checked="" type="checkbox"/> Add
		Suite 510	<input type="checkbox"/> Remove
		Coral Gables, FL 33134	<input type="checkbox"/> Change
MGR	Jorge Partidas	299 Alhambra Circle	<input type="checkbox"/> Add
		Suite 510	<input checked="" type="checkbox"/> Remove
		Coral Gables, FL 33134	<input type="checkbox"/> Change
MGR	Fernando Cassingena	7202 NW 84 AVE	<input type="checkbox"/> Add
		Miami, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Realty Franchise Services, LLC	299 Alhambra Circle	<input type="checkbox"/> Add
		Suite 510	<input checked="" type="checkbox"/> Remove
		Coral Gables, FL 33134	<input type="checkbox"/> Change
MGR	Pun For Li	14 103 Chinkapin Drive	<input type="checkbox"/> Add
		Rockville, MD 20850	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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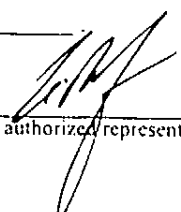
E. Effective date, if other than the date of filing: 10/09/2017 (optional)

(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.

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 October 20, 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Pun For Li, Authorized Representative

\_\_\_\_\_  
Typed or printed name of signer