117000255540

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	<u>.</u>
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status ·
Special Instructions to	Filing Officer:	

Office Use Only



100308179761

01/25/18--01010--005 **50.00

JAN 25 PH 12: 41

S. WARREN JAN 2 6 2018

COVER LETTER

TO:	Registration Se Division of Cor			
CIID IE/	SLS 4510 I			
SUBJE	ψ1; <u> </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Fabiana Ciobataru		
			Name of Person	
		FGC Corporate Advisors I	LLC	
			Firm/Company	
		1395 Brickell Avenue, Su	ite 900	
		· · · · · · · · · · · · · · · · · · ·	Address	
		Miami, FL 33131		
			City/State and Zip Code	
		faciobataru@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	her information c	oncerning this matter, please c	all:	
Fabiana	ı Ciobataru		305 989-1327	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	d 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 radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAII.	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		, Flo	orida Ziv Code
		•	• •
New Registered Office Address:	. 	Enter Florida street addres	<u>, , , , , , , , , , , , , , , , , , , </u>
Name of New Registered Agent:			
gistered agent and/or the new registered office	aum ess here	•	
. If amending the registered agent and/or in gistered agent and/or the new registered office	• .		s, enter the name of the n
ming aggress SEST DE A PUST OFFICE BUZ	<u>M</u>		
Tailing address MAY BE A POST OFFICE BO2	X)		
nter new mailing address, if applicable:			
rincipal office address <u>MUST BE A STREET A</u>	DDRESS)		
nter new principal offices address, if applicable	e:		
e new name must be distinguishable and contain the words	"Limited Liabili	y Company," the designation "LLC	" or the abbreviation "L.L.C."
uper L. S. 4510 LLC			
. If amending name, enter the new name of the	e limited liabil	ity company here:	
nis amendment is submitted to amend the following	ng:		
orida document number L17000255540	·		
ne Articles of Organization for this Limited Liabil		vere filed on 12/14/2017	and assigned
/ \ L	<u>anjijiy Compan</u>	<u>y as it now appears on our record</u> ability Company)	<u>s.</u>)

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>	Address	Type of Action
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			🗀 Add
			□ Remove
			□ Change
			Remove
			8 Change 25 Add PH 12 Prove
			Remove

				······································	
		_	·····		
		- 			
					
					
	an the date of fi	ling:		(optional)	
ective date, if other th		and cannot be prior to da	te of filing or more than t statutory filing require	90 days after filing.) I ements, this date w	ursuant to 605.02 Ill not be listed :
ective date, if other the reflective date is listed, the reflective date inserted in	date must be specific t this block does no	ot meet the applicable.			
<u>te:</u> If the date inserted in	i this block does n		g .vq		
te: If the date inserted in	i this block does n		,g		
te: If the date inserted in nument's effective date o record specifies a d	this block does no n the Department of elayed effectiv	of State's records. re date, but not an			n the earlier
te: If the date inserted in nument's effective date o record specifies a d 'he 90th day after ti	this block does no n the Department of elayed effectiv	of State's records. re date, but not an			n the earlier
te: If the date inserted in nument's effective date o record specifies a d 'he 90th day after ti	this block does no n the Department of elayed effectiv	of State's records. re date, but not an			n the earlier ⊼
te: If the date inserted in nument's effective date o record specifies a d 'he 90th day after ti	this block does no in the Department of elayed effective ne record is file	of State's records. re date, but not an	effective time, a	t 12:01 a.m. o	18 J
te: If the date inserted in rument's effective date of record specifies and the 90th day after the January 4th led	elayed effective record is file	of State's records. The date, but not an ed. 2018	effective time, a	t 12:01 a.m. o	18 J)N 2
rective date, if other the effective date is listed, the effective date inserted in cument's effective date of record specifies a d'he 90th day after the date of the first date of the first day after the date of the first day after the day	elayed effective record is file	of State's records. The date, but not an	representative of a men	t 12:01 a.m. o	18 J/W 25

Filing Fee: \$25.00