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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #))
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
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COVER LETTER

TO: Registration Section Division of Corporation	s	. %
SUBJECT: FL B	Name of Limited Liability Company	
The enclosed Articles of Amendm	ent and fee(s) are submitted for filing.	
Please return all correspondence co	oncerning this matter to the following:	
	Stephen Perez Name of Person	
	FC Buyers Group, LLC	
	8641 Amber Oak G.	
	Orlando Fr 32817 City/State and Zip Code Ona Vealty Services @ Smail. Com E-mail address: (to be used for future annual report notification)	1
For further information concerning		5 %
Slephen Person	at (407) 949 - 4814 Area Code Daytime Telephone Number	110 M 9: 1
Enclosed is a check for the following		7 OK C
\$25.00 Filing Fee	0.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Sertificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & py

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**

FL Buyers	Group	16C				
(<u>Name of the Limited I</u> (A)	Liability Company as a Florida Limited Liability	now appears on Company)	our records.)			
The Articles of Organization for this Limited Liabi		filed on $\int_{\mathcal{A}}$	n 31,2	0/8 a	nd assign	ed
Florida document number <u>L 180000</u> 2	28682					
This amendment is submitted to amend the followi	ng:					
A. If amending name, enter the new name of th	e limited liability co	ompany here:				
The new name must be distinguishable and contain the word	s "Limited Liability Cor	npany," the design	nation "LLC" or th	abbreviat	ion "L.L.C.	
Enter new principal offices address, if applicabl	le:		- · 	<u>.</u>		: A
(Principal office address MUST BE A STREET A	4DDRESS)				<u>ټ</u>	<u>;;=</u> :
					. 1	
					ر ب	7).2 7.6 7.60
Enter new mailing address, if applicable:	_			<u></u>		_
(Mailing address MAY BE A POST OF EEE BO	<u></u>		- -	_		
	_					<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		address on ou	r records, <u>ent</u>	er the n	iame of	the new
Name of New Registered Agent:						
New Registered Office Address:		Enter Florida s	street address			
_			Florida			
		ity		Zip	Code	
New Registered Agent's Signature, if changing Reg	istered 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 = A0	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Amy Perez	8641 Ambor Oak CI Orlando, Fe 32817	, □ Add
		Orlando, Fe 32817	Remove
		 	Change
			🗆 Add
			Remove
			Change
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m effecti o <u>te:</u> If t	date, if other that we date is listed, the da- he date inserted in 's effective date on	ate must be specific this block does n	c and cannot be pri not meet the appl	or to date of filing or icable statutory fil	r more than 90 days		
	d specifies a de	layed effective e record is file		oot an effective	e time, at 12:	01 a.m. on the	earlier o
	iti day aiter tir						
The 90		7		3			
The 90	May	7	2019	n Per			

Page 3 of 3

Filing Fee: \$25.00