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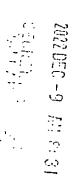
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: FCY	<u>10 GMUP M.C.</u>	uc	
		nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	John H. F	Name of Person	<u> </u>
	Ferro Gre	DIP M.C. LLC Firm/Company	
	1965 NE	149th ST	
	North miam	City/State and Zip Code	707.70
	JF 2117 © E-mail address: (1000 d · Com to be used for future annual report notif	lication)
For further information cor	ncerning this matter, please c		· · · · · · · · · · · · · · · · · · ·
John Fer	Person	at (<u>786</u>) <u>207</u> – Area Code Daytime	1278
Enclosed is a check for the	following amount:		
SS25.00 Filing Fee	S30.00 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 Se		Street Address: Registration Sec	
Division of Cor P.O. Box 6327	rporations	Division of Corp The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEYYO GYOUP N	9.6 LLC
(A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 18 0000 29658</u>	npany were filed on 02/01/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	1965 NE 140th ST . 5 North Miami, FL 33181
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1965 NF 148th ST North Miami, FL 33181
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 1969	S NE 148±9 ST Enter Florida street address
NOH	MM QM Florida 3318 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 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>	Type of Action
···			[ZlAdd
			[]Change
			[Z]Add
		,	20 Remove
······			
			☐Add ☐Add ☐Remove
			[][Change
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Filing Fee: \$25.00