Division of Corporations Electronic Filing Cover Sheet

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(((H19000074597 3)))



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From

Account Name : SAUL, EWING, ARNSTEIN & LEHR, LLP

Account Number : 120060000021

: (561)833-9900

Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FMRC PROPERTIES, LLC

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March 6, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FMRC PROPERTIES, LLC 1964B E COUNTRY CLUB DF. AVENTURA, FL 33180

SUBJECT: FMRC PROPERTIES, LLC

REF: L18000036394

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator FAX Aud. #: H19000074597 Letter Number: 919A00004601

COVER LETTER

TO: Registration Se Division of Cor			
	MRC PROPERTIES, LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	FLA' 10 SC NUNES MAI	DEIRA	
		Name of Person	
	FMR I PROPERTIES, LLC	C	
		Firm/Company	
	1964# E COUNTRY CLUI	B DR,	
		Address	
	AVENTURA FL 33180		
		City/State and Zip Code	
	FLAV:OMADEIRA29@HG	OTMAIL, COM to be used for future annual report notifi	ication)
	concerning this matter, please of		,
	Soucething this matter, presse of	•11•	
FLAVIO MADEIRA		at ()	: Telephone Number
Namé (of Person	ATTEN COOK DAYAMA	
Enclosed is a check for a	he following amount:		
□ \$25.00 Filing Fee	☐ \$30 00 Filing Fee & C-rtificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	٠		

MAILING ADDRESS: Registration See ion Division of Corporations P.O. Box 6327 Tallahassee, PL 12314 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



FMRC PROPERTILS, LLC	
(Name of the Limit	Liability Company as it new appears on our records. (A Florida Limited Liability Company)
The Articles of Organization for his Limited Li Florida document number L1800 1036394	ability Company were filed on FEBRUARY 8, 2018 and assigned
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the w	rords "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on our records, enter the name of the nex
Name of New Register d Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Crty Zip Cod:

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	FLAVIO SC NI NES MADEIRA	19648 E COUNTRY CLUB DR	Db4
		AVENTURA FL 33180	R cmove
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		AVENTURA FL 33180	■ Remove
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Estantia data if other thesi t	a date of filing:	2/28/2019		(opi	tional)	
Effective date, if other than the feetive date is listed, the date in Note: If the date inserted in this	ust be specific and o	permot be prior to	date of filing or m	ore than 90 days aft	er filing.) Pursuant to t is date will not be l	:0\$.0207 (3 isted as th
Note: If the date inserted in this document's effective date on the	Department of St	ate's records.	,	6 • • • • • • • • • • • • • • • • • • •		
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ne record specifies a delay The 90th day after the re	ed effective da cord is filed.	ate, but not	an effective i	ime, at 12:01	a.m. on the ea	ner or.
FEBRUARY 28		2019	,			
Dated	1			_		
		10	ized representative	e of a member		
<u></u>	Signature of a if	REPORT OF SORTIOT	and representative			
FLAVIO SC NUN	MADEIRA	6	o v mark			

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Filing Fee: \$25.00