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DIVISION OF CORPORATION
18 JUL -9 AM 9:33

N COOPER

JUL 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FCA GROUP, 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:

FERNANDO CUCIRRAMO

Name of Person

FCA GROUP, LLC

Firm/Company

10937 SW 70TH TERRACE

Address

MIAMI, FLORIDA 33173

City/State and Zip Code

FERCUCCI@ICLOUD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDO CUCIRRAMO 305 988-3480

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

FCA GROUP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on JUNE 18, 2018 and assigned
Florida document number 118000148722

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)

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18 JUL -9 AM 9:38

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	FERNANDO, CUCIRRAMO F	10937 SW 70TH TERRACE	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33173	<input checked="" type="checkbox"/> Remove
		UNITED STATES	<input type="checkbox"/> Change
AMBR	FELIX, CUCIRRAMO F, SR.	375 Palm Springs Dr. Apt 702	<input type="checkbox"/> Add
		Altamonte Springs, Florida 32701	<input checked="" type="checkbox"/> Remove
		United States	<input type="checkbox"/> Change
MGR	FERNANDO CUCIRRAMO	10937 SW 70TH TERRACE	<input checked="" type="checkbox"/> Add
		Miami, Florida 33173	<input type="checkbox"/> Remove
		UNITED STATES	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF INVESTIGATION
10 JUL - 9 AM 9:32

(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)

(b) The 90th day after the record is filed.

JULY 2

2018

Dated

Signature of a member or authorized representative of a member

FERNANDO CUCIRRAMO

Typed or printed name of signee