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(Requestor's Name)				
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(Business Entity Name)				
(Document Number)				
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COVER LETTER

	Registration Sec Division of Corp					
em ice		ESTATE, LLC				
SUBJEC	T:	Name of Limi	ted Liability Company			
The enclo	osed Articles of A	Amendment and fee(s) are subr	mitted for filing.			
Please re	turn all correspon	dence concerning this matter t	to the following:			
		Seton T. Hengesbach, Esq.				
	Name of Person					
	Hengesbach & Hengesbach, Esq. Firm/Company 5438 Spring Hill Drive					
		Address				
	Spring Hill, FL 34606					
		City/State and Zip Code				
		seton@naturecoastlaw.com				
		E-mail address: (t	o be used for future annual report notif	ication)		
For furth	er information co	ncerning this matter, please ca	dl:			
Seton T.	Hengesbach		at () 683-1963 Area Code Daytime			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	l is a check for the	e following amount:				
■ \$25.4	00 Filing Fee	☐ \$30.00 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 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



FDB REAL ESTATE, LLC

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

Name of New Registered Agent: New Registered Office Address:	Enter Florida street address, Flori	da
registered agent and/or the new registered office address her Name of New Registered Agent:	Enter Florida street address	
registered agent and/or the new registered office address her Name of New Registered Agent:		
registered agent and/or the new registered office address her		
D. 16	office address on our records, <u>re</u> :	enter the name of the no
Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
Principal office address brost BE A STREET ADDRESS		
Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Francis Joseph Brady Jr, LLC		
A. If amending name, enter the new name of the limited liab	oility company here:	
inis amendment is submitted to amend the following.		
This amendment is submitted to amend the following:		
Florida document number L18000184595		

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: 18 DEC - 7 PM 9: 37 MGR = Manager AMBR = Authorized Member **Type of Action** <u>Address</u> Title Name _□ Add _□ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add _□ Remove _□ Change _□ Add _□ Remove _____ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

□ Change

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	18 OEC -7 PH 9
	
ffective date, if other than the date of filing:	(optional)
	prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 pplicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of State's rec	ords.
e record specifies a delayed effective date, bu The 90th day after the record is filed.	it not an effective time, at 12:01 a.m. on the earlier o
December 4 2018	. <u></u> .
	authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00