19000078823

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(City/State/Zip.	/Phone #)
PICK-UP WA	IT MAIL
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CIDICCT.	FPC CONTRAC	TOR, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OSCAR FRANCISCO PA	DILLA	
		Name of Person	
		Firm/Company	
	2512 SE 20TH PLACE		
		Address	
	HOMESTEAD, FLORIDA	x 33035	
	OFP100@GMAIL.COM	City/State and Zip Code	
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
OSCAR FRANCISCO P	ADILLA	305 528-6424	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 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 Addres		Street Address:	aution.
Registration 9 Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	ed Liability Compar A Florida Limited L	ny as it now appears on o aability Company)	ur records.)		_	
The Articles of Organization for this Limited Li. Florida document number L19000078823				and	l assign	ned
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liabi	lity company here:		SECR SACES	20190	nacties 2
FPC MASTERS, LLC			* uk t 200 k	}	<u> </u>	: 1
The new name must be distinguishable and contain the we Enter new principal offices address, if applica-		2512 SE 20TH PLAC		ie appreviation	73.L.C	
(Principal office address MUST BE A STREE	T ADDRESS)	HOMESTEAD, FLOR	RIDA 33035			
Enter new mailing address, if applicable:		2512 SE 20TH PLAC	E	- Figh	2	
(Mailing address MAY BE A POST OFFICE BOX)		HOMESTEAD, FLOR	RIDA 33035			
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	s here:	address on our record	s, <u>enter the r</u>	name of the	new r	egistered
-	2512 SE 20TH 1	DL ACIE				-
New Registered Office Address:	2512 SE 20111	Enter Florida str	eet address			
HOMESTE			, Florida	33035		
		City		Zip C	ode	

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>	Address	Type of Action
AMBR	CLARA INES PADILLA	2512 SE 20TH PLACE	□Add
		HOMESTEAD, FLORIDA 33035	□Remove
			SECRE II
			30 DE move
			□ Add
		-	□Remove
			□Change
			[]Add
			□Remove
			□Change
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(fan 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as			
Effective date, if other than the date of filing: 12/26/2019			
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Dated	/)		
	Dated DECEMBER 26 2019		
Signature of a member or authorized representative of a member		<u>-</u> ·	
Signature of a member or authorized representative of a member			
	Signature of a member or author	rized representative of a member	
	OSCAR FRANCISCO PADILLA		

Filing Fee: \$25.00