L1900) 207 026

(Req	uestor's Name)	<u></u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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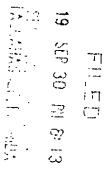
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Office Use Only



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OCT 15 2019 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp			
FCR GLOB			
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filling.	
Please return all correspon	ndence concerning this matter to	the following:	
	Maria C. Fernandez		
		Name of Person	
	FCR Global, LLC		
		Firm/Company	
	1213 Prospect Avenue East Suite 100		
	·	Address	
	Cleveland, Oh 44115		
	cmaservicing@yahoo.com	City/State and Zip Code	
		o be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	dt:	
Maria C. Fernandez		440 465-4972	
Name o	of Person	at (·) Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 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

FCR GLOBAL, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	and assigned
The Articles of Organization for this Limited Liability		and assigned
Florida document number L19000207026	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>ent</u> <u>ddress here</u> :	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cire	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>	Address	Type of Action
MGR	FLORENTINO FERNANDEZ	1213 Prospect Avenue East Suite100	
		Cleveland Oh 44115	☐ Remove
			Change
MGR Rosa Valle	Rosa Valle	1213 Prospect Avenue East Suite100	Add
	Cleveland Oh 44115	Remove	
			☐ Change
		Add	
		Remove	
			Change
		Add	
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	9/24/2019
ote:	(optional) lective 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 605.020 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
rec The	ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 90 th day after the record is filed.
ated	SEPTEMBER, 24 2019
	Mario Andrew of a member of authorized representative of a member
	Signapure of a member of authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00