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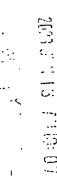
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COVERLETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	FB X S	SOOTH U ted Liability Company	LC	
The enclosed Articles of	of Amendment and fee(s) are subr	mitted for filing.		
Please return all corres	pondence concerning this matter t	to the following:		
	<u> </u>	Name of Person	-	
	Fe	BX SOUTH Firm/Company	luc	
	11113 A	315 Cayne	BIVd,	# 1055
	NOAN M	City/State and Zip Code	18/50 1/2000	(0)00
	E-mail address: (1	to be used for future annua	report notification)	727
For further information	n concerning this matter, please ca	all:		1957
	STOUL e of Person	at (<u>Q(</u> 2)_ Area Code	AQQ 2	1957 O
	r the following amount:			one Number
225.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is e		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	Regist Divisi The C 2415 1	Address: ration Section on of Corporation entre of Tallaha N. Monroe Street assec, FL 32303	ssee t. Suite 810

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FBX SOUTH L	LC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 23 000 163</u> . 29(were filed on $\frac{4}{\sqrt{3}}$	3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20
		(F) (H)
		: : : : : : : : : : : : : : : : : : :
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: Name of New Registered Agent:	ddress on our records,	enter the name of the new registered
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 agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dut rovided for in Chapter	ies, and I am familiar with and 605. F.S. Or, if this document is

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 Name **Address** Type of Action David Peckerman 1113 Biscorgne Blud 200 # 1055 Remove North Miami, FL 33181 (Change \square Add Remove □ Change □Add Remove-<u>۔</u> دی □Change . □Add □Remove □Change □Add _ □Remove _ □Change □Add Remove

□ Change

	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0 cable statutory filing requirements, this date will not be listed s. time, at 12:01 a.m. on the earlier of: (b) The 90th day after the statutory file of th		
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Signature of a member or authorized representative of a member		Λ, //	

Filing Fee: \$25.00