

Division of Corporations

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MD9 00000001994
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHRYSLER GROUP REALTY COMPANY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

15 FEB -2 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB -2 PM 3:41

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Electronic Filing Menu

Corporate Filing Menu

Help

FEB 03 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chrysler Group Realty Company LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane DiMatteo

Name of Person

FCA US LLC

Firm/Company

1000 Chrysler Drive

Address

AUBURN HILLS, MI 48326

City/State and Zip Code

jason.cooper@fcagroup.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2R055 (12/13)

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15 FEB -2 PM 3:41
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Chrysler Group Realty Company LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 05/26/2009

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: FCA Realty LLC
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: _____
7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Rajesh N. Choudhary

Typed or printed name of signer

Filing Fee: \$25.00

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15 FEB -2 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CHRYSLER GROUP REALTY COMPANY LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FCA REALTY LLC", THE THIRTIETH DAY OF JANUARY, A.D. 2015, AT 12:15 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE SECOND DAY OF FEBRUARY, A.D. 2015.

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15 FEB -2 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4688835 8320

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2085088

DATE: 02-02-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2015

BARBARA SCHRAMM
4320 15TH AVE SW
NAPLES, FL 34116

Re: Document Number L14000168217

The Articles of Amendment to the Articles of Organization for AMBRIELLE HOME, LLC, which changed its name to BARBARA SCHRAMM LLC, a Florida limited liability company, were filed on January 26, 2015.

The certification you requested is enclosed.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Shelia H Young
Regulatory Specialist II
Division of Corporations

Letter Number: 915A00002139

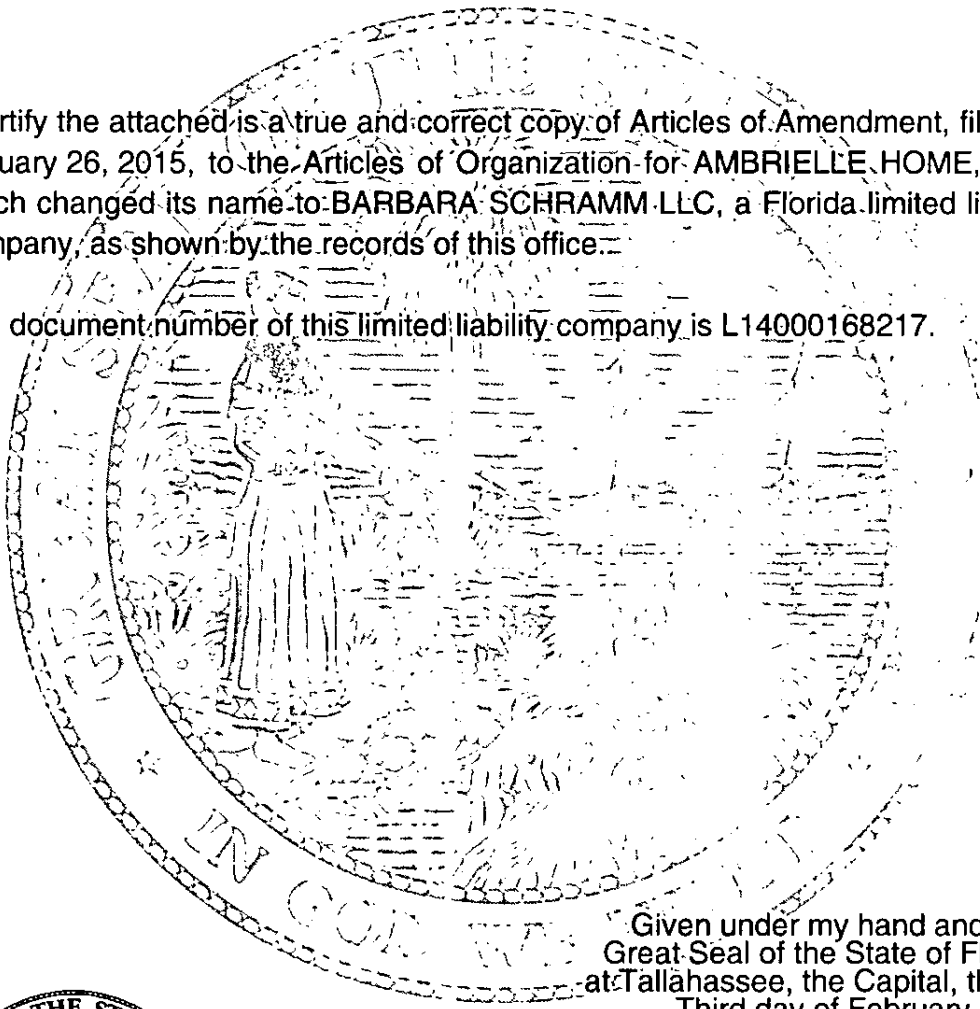
State of Florida



Department of State

I certify the attached is a true and correct copy of Articles of Amendment, filed on January 26, 2015, to the Articles of Organization for AMBRIELLE HOME, LLC, which changed its name to BARBARA SCHRAMM LLC, a Florida limited liability company, as shown by the records of this office.

The document number of this limited liability company is L14000168217.



Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Third day of February, 2015



CR2EO22 (1-11)

Ken Detzner

Ken Detzner
Secretary of State

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ambrielle Home 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 Oct 27, 2014 and assigned Florida document number L14002168217

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Barbara Schramm LLC

The new name must be distinguishable and end with 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)

FILED
JAN 26 PM 4:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

When amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 15 JAN 28 PM 4:02
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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1/16/15, _____



Signature of a member or authorized representative of a member

Barbara Schramm
Typed or printed name of signee

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15 JAN 26 PM 4:02
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TALLAHASSEE, FLORIDA