2020 JUN 30 PH 3: 4

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To:			
	Division of Corporations		
	Fax Number : (850)63	17-6383	
From	:		
	Account Name : CORPORT		ERNATIONAL INC
	Account Number : 1104320		
	Phone : (561)69 Fax Number : (561)69		
	rax Number : (50170)	J 4 - 1000	
	dress:		
	dress: AMND/RESTATE/CORRE F&M 220 L		RESIGN
	AMND/RESTATE/CORRE		RESIGN
	AMND/RESTATE/CORRE F&M 220 L		RESIGN
	AMND/RESTATE/CORRE F&M 220 L Certificate of Status		RESIGN
	AMND/RESTATE/CORRE F&M 220 L Certificate of Status Certified Copy	ULC 0 0	RESIGN

JUL 0 1 2020

pg 2 of 5

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	ENDMENT TO CER	IGN LIMITED LIABILITY COMPAN TIFICATE OF AUTHORITY TO TR USINESS IN FLORIDA			
		2020 JF († 30 - P) (†	2: 35		
	SE	CTION I (1-4 must be completed)			
. Name of	limited liability Company as it	t appears on the records of the Florida Department of			
	rincipal office address, if appli				
	<u>ffice address</u> 4 STREET ADDRESS)				
Mailing ad	nailing address, if applicable: I <u>dress</u> POST OFFICE BOX				
		mited liability company is: <u>M20000005626</u>			
		da:			
	11 (5-9 complete only the app				
5. New nam	ne of the finited habinty comp	many: F&M 211, LLC (must contain "Limited Liability Company, " "L.L.	.C.," or "LLC.")		
conv of the	available, enter alternate name written consent of the manage n "Limited Liability Company	adopted for the purpose of transacting business in Flo rs or managing members adopting the alternate name. """L.L.C." or "LLC.")	rida and attach a The alternate name		
6. If amend registered a	ing the registered agent and/or gent and/or the new registered	registered officer address on our records, enter the nar office address here:	<u>ne of the new</u>		
Name of Ne	ew Registered Agent:		<u>_</u>		
New Regist	tered Office Address:	Enter Florida Street Addre			
			Enter Florida Street Address, Florida City Zip Code		
		, FIOTION			

the provisions of all statutes relative to the proper and complete performance of my duties, and i an jumilar 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

3

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

8. If the amendment changes person, title or capacity in accordance with $605.0902_{(1)}(e)$, indicate that change: $2.22JJL_{-}30$ Pii 2: 35

Title/ Capacity	Name	Address <u>T</u>	ype of Action
			🗆 Add
			🖸 Remove
<u> </u>			🖸 Add
			Remove
			🗆 Add
			CRemove
			Add
			🗆 Remove
			🖸 Add
aforementioned	rtificate, if required: no more than 90 amendment(s), duly authenticated b er the law of which this entity is orga	y the official having custody of records in the	
	Signature of	The authorized representative	
	Jenisa Irizarry		
	Typed or pri	inted name of signee	
		g Fee: \$25.00	

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FGM 211, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FEM 211, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203203326 Date: 06-30-20

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SR# 20205997284 You may verify this certificate online at corp.delaware.gov/authver.shtml