103000030292

(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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2009 JUN 15 AM 10: 53
SECRETARY OF STATE
AND AMASSEE, FLORIDA

T. CLINE
JUN 1 6 2009
EXAMINER

COVER LETTER

Registration Section

TO:

44.

Divis	sion of Corporations		
SUBJECT: _	FAAI	NES, L.L.C.	
Sobobe		ted Liability Company	
The enclosed	Articles of Amendment and fee(s) are sub	omitted for filing.	
Please return a	all correspondence concerning this matter	to the following:	
		STEINAR FAANES	
		Name of Person	
	ST	EINAR FAANES, LLC	
		Firm/Company	
	31:	25 RIACHUELO LANE	
		Address	
	K	City/State and Zip Code	
	ST	EINAR@FAANES.BIZ	
		to be used for future annual report notification)	
For further inf	formation concerning this matter, please c		
	BENJAMIN MOORE, CPA Name of Person	at (407) 644-3119 Area Code & Daytime Telephone Number SERV 5	
	Name of reison	FOR > M	
Enclosed is a	check for the following amount:		
\$25.00 Fili	ing Fee \$\sum \frac{1}{30.00}\$ Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	MAILING ADDRESS:	STREET/COURIER ADDRESS:	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
~1,	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FAANES, L.L.C.		
(Name of the Limited Liab (A Flor	ility Company as it now apperida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liabili Florida document number L0300030292		08/12/2003	and assigned
Tiorida document number	·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
	INAR FAANES, LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	eany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			SECRETAL SHARE
(Mailing address MAY BE A POST OFFICE BO	2		SER OF FILE
			F STAT
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on address here:	our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street add	lress
_	<u> </u>	, Florida	7: 0
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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 608, 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 amiending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> INERLISE FAANES Add Remove MGzm ☐ Add ☐ Remove .□ Add Remove S Add ▶ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00