L050000 18845

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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2015 NOV -4 AH IO: 58

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COVER LETTER

TO: Registration Se Division of Cor		
Fairway Fin	nancial, LLC	
SUBJECT,	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Summer Dorn	
	Name of Person	
	Fairway Financial, LLC	
	Firm/Company	
	725 Primera Blvd, Ste 110	
	Address	
	Lake Mary, FL 32746	
	City/State and Zip Code	
	summer@myfairwayfinancial.com E-mail address: (to be used for future annual report notification)	
For further information c	concerning this matter, please call:	
Summer Dorn	407 628-0850 at ()	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status	f Status & py

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

Fairway Financial, LLC

(<u>Name of the Limi</u>	ted/Liability Company as it now app A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited L	ciability Company were filed on	2/22/2005 and assigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	3. 8
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE)	ET ADDRESS)	
		SS.
		me sa fi.
Enter new mailing address, if applicable:		- COM 65 15 15 15 15 15 15 15 15 15 15 15 15 15
Mailing address MAY BE A POST OFFICE	BOX)	5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
3. If amending the registered agent and registered agent and/or the new registered o		on our records, enter the name of the
Name of New Registered Agent:	Randy E Smith	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	725 Primera Blvd Ste 110	
	Enter i	lorida street address
	Lake Mary	, Florida ³²⁷⁴⁶
	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	John J DiDomenico, JR	725 Primera Blud, Stello	
		725 Primera Blvd, Stello Lake, May FL 30746	Remove
			🖸 Add
			Remove
			Change
		<u> </u>	
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			□ Change

only MGRM listed with Fairv	ay Financial, LLC			
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ective date, if other than the effective date is listed, the date must	be specific and cannot be prior	o date of filing or more than	(optional) 90 days after filing.) Pursua	ant to 605.020
ie: If the date inserted in this blo ument's effective date on the De		ble statutory filing requi	rements, this date will no	ot be listed a
	1			
record specifies a delayed		an effective time, a	at 12:01 a.m. on the	e earlier (
he 90th day after the reco	rd is filed.			
ad Alaw 7.	2015			
ed Nov. L	1);,,	<u> </u>	₩	<u>~</u> 2
/ /			11.00	2015 I
1 and	mi			
1 and	Signature of a member or autho	rized representative of a me	mber	
Randy E Smith	Signature of a member or autho	rized representative of a me	mber ASST	100

Filing Fee: \$25.00