L06 0000 65583

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SECRETARY OF STATE

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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	FAIRBAN	KS SUITES LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		DARYL L COLLIER CP:	Λ.	
			Name of Person	
		COLLIER JERNIGAN &	GOEDERT PA	
			Firm/Company	
		550 NE 25TH AVE		
			Address	
		OCALA FL 34470		
			City/State and Zip Code	
		DCOLLIER@COLLIERCI		
For further is	nformation c	oncerning this matter, please co	to be used for future annual report notifi	cation)
		- ,		
DARYL L COLLIER CPA			352 732-5601 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for tl	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COURIE Registration Section	

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

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAIRBANKS SUITES LLC					
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L06000065583					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
FAIRBANKS SUITES OF FLORIDA LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	1720 NW 4TH AVE STE 100				
(Principal office address MUST BE A STREET ADDRESS)	OCALA FL 34475				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TARECTE T				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her					
Name of New Registered Agent:	9E 109				
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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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Note:	If the date inserted	than the date of the date must be spec I in this block doe e on the Departme	f filing: ific and cannot be s not meet the a	applicable s	of filing or m	ore than 90 da g requiremen	(optional) ys after filing.) its, this date	Pursuant to 605 will not be list	5.0207 (3 ed as th
the rec) The	ord specifies a 90th day after	delayed effect the record is	tive date, bu filed.	ut not an	effective t	ime, at 12	:01 a.m. (on the earli	er of:
Dated_	OCTOBER I		2019	·					
	 	LUND							
		hun N Symator	e of a member o	r authorized	representative	of a member			

Page 3 of 3

Filing Fee: \$25.00