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COVER LETTER

TO: Registration Division of C			
SUBJECT: 20	344 FALMOU	TH, LLC	
	Name of Lir	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ROBERTA	PETERS, TRUSTEE	<u>-</u>
		Name of Person	
		Firm/Company	
	418 ILI		
		Address	
	KAILUA	HI 96734	
		City/State and Zip Code	fication)
	E-mail address:	(to be used for future annual report noti-	fication)
For further information	concerning this matter, please of	call:	्स के
KRISTIN L		at (808) 561-6 Area Code Daytim	779
Name	of Person	Area Code Daytime	e Tetephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing 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)

MAILING ADDRESS:

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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

2644 FAL MOUTH, 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 Con	npany were filed on SEPT.	4 2008 and assigned
Florida document number H080 00 2079 76		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "Limit	ted 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 ADDRE	:SS)	
Enter new mailing address, if applicable:		Service of the servic
(Mailing address MAY BE A POST OFFICE BOX)		City Co
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our rec s <u>s here</u> :	ords, <u>enter the name of the new</u>
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street ad	ldress
		, 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name Address Type of Action ROBERTA PETERS 418 ILIWAHI LOOP DAdd MGR Kailua HI 96734 BRemove MGR AND AMBR ROBERTA PETERS trustee 418 ILIWAHI LOOP Add OF THE ROBERTA PETERS LIVING TRUST AGREEMENT KAILUA HI 96734 Remove dated 05/21/04 ☐ Remove ___ □ Add ____ Remove ☐ Add _□ Remove □ Add ☐ Remove

tive date, if other than the date of filing:	ı al) er
MARCH 13 , 2015 .	
Signature of a member or authorized representative of a member	
ROBERTA PETERS	

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Filing Fee: \$25.00