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SECRETARY OF STATE
TALLAHASSEE FINALE

D. BRUCE

NOV 10 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corporations
SUBJECT: <u>FAIRWAY COMMERCE LLC</u> Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DONNA GORDON Name of Person
FAIRWAY COMMERCE ECC Firm/Company
1250 JUNGLE AVENUE EE &
SAINT PETERSBURG FL 33710 SE TI
B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Donna Gordon at 727, 4092051  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sim \text{\$\subseteq} \sim \text{\$\subseteq} \si

**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 COMME	FRCE LLC		
(Name of the Limited Liability Compa (A Florida Limited l	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000691</u> 50	y were filed on $\frac{7/17}{6}$	2009 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the d	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:		FIL CRETARY -9 VOV -9	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		rds, enter the name of the new	
registered agent and/or the new registered office address ner	œ.		
Name of New Registered Agent:			
New Registered Office Address:	77 . 291 .		
	Enter Florida street address		
<del> </del>	,	Florida 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 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 amending 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
M <u>GRM</u>	GEORGE GORDON	1250 JUNGLE MUENUR SAINT PETERSAPG PL 33710	_M Add _ Remove
<del></del>			Add Remove
· <del></del>			Add Remove
			Add Remove
			Add Remove
*****			Add Remove
D. If amen	nding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	OS NO
		ASSEE, FL	ILE V-9 PM
	1/1/2 - 1.1 5 200	ZA Z	
Dated	Vovembel 5, 200 Signature of a member le	or authorized representative of a member	all de la constantina de la constantin
	DONUA M. COOK	pr printed name of signee	

Page 2 of 2

Filing Fee: \$25.00