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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO:

P.O. Box 6327 Tallahassee, FL 32314

TO:	Registration S Division of Co					
SUBJE	CT:	FA ⁻	THAM LLC			
		Name of Limi	ted Liability Company			
		of Amendment and fee(s) are sul	-			
Please	return all corresp	oondence concerning this matter	to the following:			
			Cynthia K. Lawonn			
			Name of Person			
			FATHAM LLC			
			Firm/Company			
	Firm/Company 809 E. Bloomingdale Ave., PMB 244 Address					
			Address			
			Tampa, FL 33511 City/State and Zip Code			
		CK.CStoreC	ConsultingServices@veriz	zon.net		
		E-mail address: (to be used for future annual report no	otification)		
For fur	ther information	concerning this matter, please of	call:			
		nthia Lawonn	at (813)	957-3811		
	Name	of Person	Area Code & Day	time Telephone Number		
Enclose	ed 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 enclo	\$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed)		
	Regis	LING ADDRESS: stration Section	Registration Sec			
	Divis	ion of Corporations	Division of Cor	porations		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		F**	
FATHA	M LLC	TALCHETAR	Y OF STATE
FATHA (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears	on our records.	EE, FI ORIDA
(A Florida Limited L	Liability Company)		COMIDA
The Articles of Organization for this Limited Liability Company	were filed on J	anuary 4, 2010	and assigned
1.4000004707	were med on		
Florida document numberL10000001707	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company	y," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	809 E. Bloomir	ngdale Ave. PMB	244
(Principal office address MUST BE A STREET ADDRESS)	Brandon, FL 3	3511	
	·		
Enter new mailing address, if applicable:	809 E. Bloomir	ngdale Ave., PMB	244
(Mailing address MAY BE A POST OFFICE BOX)	Brandon, FL 33	3511	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
·	Ente	r Florida street addre	SS
		, 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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	<u>Name</u>	Address	Type of Actio
			Add
			Remove
			Add
			Remove
			Add
			Add
			Remove
			Add Remove
			Add Remove
		e(s) here: (Attach additional sheets, if necess	sary.)
	fective date of the company shall be		10 TAE
<u>up</u>	odate FEII Number to 27-7	5 97489	FI 10 JAN 2 SECRETA
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d(January 21. 20	10. K. Lauren	ATE ORIDA

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