

L100000 74738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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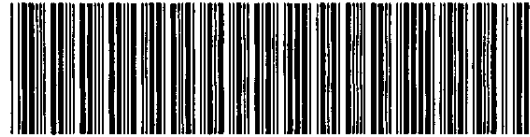
(Business Entity Name)

(Document Number)

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2013 SEP -6 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. GUNTER SEP -4 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **TIM FOWLER FARRIER, LLC**

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:

TIM FOWLER

Name of Person

TIM FOWLER, LLC

Firm/Company

439 N. PEYTON STREET

Address

ALEXANDRIA, VA 22314

City/State and Zip Code

tim@flfarrier.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIM FOWLER

Name of Person

at **352 745-0573**

Area Code & Daytime Telephone 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:

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

FILED
2013 SEP -6 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TIM FOWLER FARRIER, 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 Company were filed on 07/15/10 and assigned
Florida document number L10000074738.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TIM FOWLER, LLC

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

439 N. PEYTON STREET

ALEXANDRIA, VA 22314

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

439 N. PEYTON STREET

ALEXANDRIA, VA 22314

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SHARON C. BRANNAN, CPA

New Registered Office Address:

161 N. MAIN STREET

Enter Florida street address

WILLISTON

, Florida 32696

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.

Sharon C Brannan
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Add
			☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

9/2, 2013


Signature of a member or authorized representative of a member

TIMOTHY D. FOWLER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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