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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FAST FINE CLASSICS 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:
Steven Litherland Name of Person
FAST FINE CLASSICS, LLC Firm/Company
3492 W Orange Ase Address
Tallahassee FL 32310 City/State and Zip Code
Tallahassee FL 32310 City/State and Zip Code Steven & Fact Fine classics com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PAVEL RAPHAEL at (786) 258-7495 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2015

STEVEN LITHERLAND 3492 W ORANGE AVE TALLAHASSE, FL 32310

SUBJECT: FAST FINE CLASSICS, LLC

Ref. Number: L12000014678

We have received your document for FAST FINE CLASSICS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 415A00021437

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FASI FINE	CLASSICS, LL	<u>C</u>	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1 2 0000 1 4 678</u> .	were filed on 1 31 20)\2 and assign	ied
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C	1 99
Enter new principal offices address, if applicable:		····	<u> </u>
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	300 S Duval St Apt 704 Tallaharsee, FL 3		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		er the name of	the new
Name of New Registered Agent:		15 OCT 2	75 h 5 \$ 2 2744 # #
New Registered Office Address:	Enter Florida street address	× - 1	* ACCEPT.
	, Florida		
	City	Zip Cesta	
New Registered Agent's Signature, if changing Registered Agent	<u>u</u>	>	

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 added or removed from our records:

	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address Type of Action
MGRM	Taylor, Gregory	2207 Berkshire Dr □ Add Tallahassee, FL 32304 ■ Remove
	·	Tallahassee, FL 32304 Remove
		Change
		Add
		Remove
		Add
		□ Remove
		Change
		Add 5 5
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	PH 3: 52 E. FLORIDA
ective date, if other than the date of filing:(opti	ional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte te: If the date inserted in this block does not meet the applicable statutory filing requirements, this nument's effective date on the Department of State's records.	r filing.) Pursuant to 605
record specifies a delayed effective date, but not an effective time, at 12:01 he 90th day after the record is filed.	a.m. on the earlie
ed 10-22-15	
Show Of W	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00