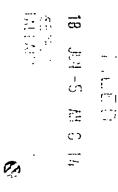
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 242959 7305576
AUTHORIZATION: Symulocome
COST LIMIT : \$ 25.00
ORDER DATE : June 5, 2018
ORDER TIME : 2:25 PM
ORDER NO. : 242959-005
CUSTOMER NO: 7305576
DOMESTIC AMENDMENT FILING
NAME: FATHOM PARTNERS LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Emily Croft -- EXT# 62925

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FATHOM PARTNERS LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
he Articles of Organization for this Limited Liability Con	npany were filed on MARCH 28, 2012 and as	signed
orida document number L12000043493		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
	五章 5	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation."	.lCr
inter new principal offices address, if applicable:		1-
• •		٠ ;٠
<u>Principal office address MUST BE A STREET ADDRES</u>	<u>SS)</u>	Ξ
nter new mailing address, if applicable:		-
Mailing address MAY BE A POST OFFICE BOX)	V/4	
Turning did the transfer of th		
3. If amending the registered agent and/or register	red office address on our records, enter the name	of the
egistered agent and/or the new registered office address		1/1 1/11
Name of New Registered Agent:		
rame of New Negistered Argent.	·	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zin 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SETH SHAPIRO	9 WEST HAMPTON ROAD	
		PHILADELPHIA, PA 19118	■ Remove
			☐ Change
MGR	JUSTIN GRAY	460 NE 28TH STREET	Add
		MIAMI, FL 33137	□ Remove
			Change
			Remove
			□ Change
			D Add 😙
			Remove
			☐ Change
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fective date, if other than th	e date of filing:			optional)	
in effective date is listed, the date mu ote: If the date inserted in this b	ist be specific and cannot be pri	ice to date of filing t	or more than 90 day.	s after filing.] e shie data:	Pursuant to 605,020
ocument's effective date on the I	Department of State's recon-	ds.	amp.equirement	s. mrs date	will not be fished as
record specifies a delaye		not an effectiv	e time, at 12:	01 a.m.	on the earlier o
The 90th day after the re	cord is filed.				
JUNE 5	2018				
ated	 : 	·			
() ()	· · · · · · · · · · · · · · · · · · ·	·			
- Ju K -	Signature of a member or au	thorized represents	ative of a member		
JUSTIN GRAY	Signature of a member or au	thorized representa	stive of a member		

Page 3 of 3

Filing Fee: \$25.00