LIZ 000074813

(Re	questor's Name)	
(Ad	ldress)	
(Ād	ldress)	_
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Amend

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COVER LETTER

TO:	Registration Se Division of Cor			•
carp I	FARKE, L			
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		THAMARA PEREZ		
			Name of Person	
		TABADESA ASSOCIAT	ES	
		•	Firm/Company	
		419 W 49 ST, STE 111		
			Address	
		HIALEAH, FL 33012		
		TAMMYP@TABADESA.	City/State and Zip Code COM	
		=	to be used for future annual report notific	ation)
For fur	ther information c	oncerning this matter, please c	all:	
THAN	MARA PEREZ		305 558 - 0622	
	Name o	f Person	Area Code Daytime	Felephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2.	5.00 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

FARKE, 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 ______06/01/2012 and assigned Florida document number L12000074813 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C" or the abbreviation "L.I.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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>	<u>Address</u>	Type of Action
MGR	THAMARA PEREZ	419 W 49 ST SUITE 111	Add
		HIALEAH, FL 33012	■ Remove
			Change
MGR DAAN PARTNERS LIMITED	DAAN PARTNERS LIMITED	10275 COLLINS AVENUE #335	
	BAL HARBOR, FL 33154	Remove	
		Change	
			
			□ Remove
			☐ Change
		 	Add
			☐ Remove
		☐ Change	
		Add	
		Remove	
		Change	
			Add
			☐ Remove
			Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·
	
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	3/10/2020
	Signature of a member or authorized representative of a member
	The and Only
	Typed or printed name of signee

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Filing Fee: \$25.00