Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number, (shown below) on the top and bottom of all pages of the document.

(((H12000306279 3)))



H120003062793A&C.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC

Account Number : I20090000001 Phone : (239)213-0066 Fax Number : (239)213-0698

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		 	 	_
	-	 	 	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAIRFIELD HOLDINGS, LLC

2 DEC 31 RA 4:31
SECRETARY OF STATE

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

UPBRYAN

JAN - 2

EXAMINER²

Fax: 239+213+0698

Dec 31 2012 03:25pm P002/005

White of the state of the state

TO: Registration Section
Division of Corporations

··(({H12000306279 3)))

SUBJECT:

FAIRFIELD HOLDINGS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please seturn all correspondence concerning this matter to the following:

RACHEL HALL

Name of Person

ADVOCATE CONSULTING

Firm/Company

3073 HORSESHOE DR S STE 210

Address

NAPLES, FL 34104

City/State and Zip Code

RACHELH@ADVOCATETAX.COM

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

For further information concerning this matter, please call:

RACHEL HALL

_,239、213-0066

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30,00 Filing Fee & Certificate of Status

CI\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

U\$60.00 Filing Fec.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallabassec, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H12000306279 3)))

ADVOCATE CONSULTING

Fax: 239+213+0698

Dec 31 2012 03:25pm P003/005

(((H12000306279 3)))

TO ARTICLES OF ORGANIZATION OF

FAIRFIELD HOLDINGS, 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 Con	mpany were filed on 12/27/20	one signed
Florida document number <u>L12000160756</u>		OR DEATH
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
FARFIELD HOLDINGS, LLC		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESSS)	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
*		
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our re ess here:	cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	. Enter Flo	rido street address
		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 chaics, 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

or minnagni	s tareurnel neuth unde	a or removed iru	E CONSULTING Fax: 239+2		
MGR = Mar MGRM = M	nager Ianaging Member			(((H120003062	79 3))) 1
<u>Tide</u>	<u>Name</u>		Address		Type of Action
					PEG A /
			-		TO Remove
			-		Trong or
					Add
					Remove
•					
				,	—— —
					Add
					Remove
					Add
					Remove
					Keniove
					Add
					Remove
					Add
					Remove

33 AI	ANCENDING AND OTHER HOLD MALDON, CINCE CHARIGE(S) HELE. PARTICLE REGISTRATION STREETS, 17 HECESSILIVE,	/005
	(((H12000306279 3)))
		1
Dated	DECEMBER 31 2012	
_	don S. Ph.	, ^L C
	Signature of a member or authorized representative of a member	•
	IVAN RONEY	٠,
	Typed or printed name of signec	.[~
	Page 3 of 3	

Filing Fee: \$25.00

(((Hl2000306279 3)))