

L14 0000 10747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

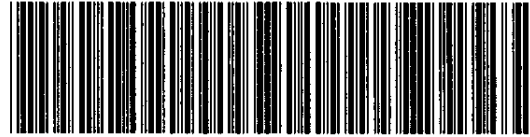
(Business Entity Name)

(Document Number)

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FILED
14 MAR 31 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Silvers APR 02 2014

JUDIT KARPATI, P. A.

P. O. BOX 100, SILVER SPRINGS, FL 34489

JUDIT KARPATI
Attorney at Law

TELEPHONE: (352) 369-1201
FAX: (352) 671-8189

March 25, 2014

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

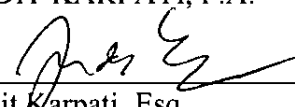
RE: Entity: Farr Ancillary Services, LLC.
Registration No: L14000010747

To whom it may concern,

Enclosed please find the completed Articles of Amendment, together with our Check No: 2439 in the amount of \$25.00 for the required fee.

Sincerely,

JUDIT KARPATI, P.A.



Judit Karpati, Esq.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FARR ANCILLARY SERVICES, 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:

JUDIT KARPATI, ESQ.

Name of Person

JUDIT KARPATI, P.A.

Firm/Company

PO BOX 100

Address

SILVER SPRINGS, FL 34489

City/State and Zip Code

juditkarpati@yahoo.com

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

For further information concerning this matter, please call:

JUDIT KARPATI

Name of Person

at

352 369-1201

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**

FARR ANCILLARY SERVICES, 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 01/21/2014 and assigned Florida document number L14000010747.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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14 MAR 31 PM 2:56
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TALLAHASSEE, FLORIDA

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

_____, 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BONNIE JEAN FARR	5003 SE 4TH AVE	<input checked="" type="checkbox"/> Add
		Ocala, FL 34480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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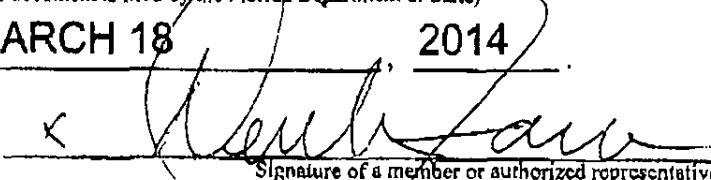
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12. If attaching any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 18, 2014



Signature of a member or authorized representative of a member

DEREK FARR

Typed or printed name of signer

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TALLAHASSEE, FLORIDA