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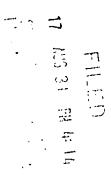
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COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	FAIRWAY	ENTERPRISE, LLC			
Sommer.		Name of Lin	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		LUCNY BLAISE			
			Name of Person	<u> </u>	_
		FAIRWAY ENTERPRISE	E. LLC		
Firm/Company			Firm/Company		_
	5503 BALBOA - DR				
			Address		_
ORLANDO, FLORIDA 32808					
			City/State and Zip Code	_	4 F3 2 TH F1
		E-mail address; (to be used for future annual report notific	cation)	2 1
For further in	iformation co	oncerning this matter, please c	all:		
LUCNY BL	AISE		321 318-6857 at ()		=
	Name of	Person	Area Code Daytime	Felephone Numbe	r
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Linkility	Company as it now appears an area -1.	
(A Florida	v Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L14000030888	ompany were filed on 02-24-2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, <u>ent</u> ess here:	er the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		
	Florida	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DANIEL SAINT - FLEUR	6700 SILVER STAR - RD STE 101	= Add
		ORLANDO, FL 32818	
			Remove
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<u>e:</u> If the date insert	er than the date of f I, the date must be specific ted in this block does r late on the Department	not meet the applicat	19 - 20 date of filing or more ole statutory filing re	(option: than 90 days after fili equirements, this da	al) ng.) Pursuam to 605.03 ate will not be listed
record specifies he 90th day aft	a delayed effectiver the record is file	ve date, but not ed.	an effective tim	e, at 12:01 a.n	n. on the earlier
ed <u>08-</u> /	19	2017 ~			
		/ / 7			
	Signature	a member or authori	zed representative of a	member	

Page 3 of 3

Filing Fee: \$25.00