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D. BRUCE AUG 1 0 2020

## **COVER LETTER**

Division of Co	rporations		
SUBJECT:	Fellex Name of Lin	nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence	ondence concerning this matter	r to the following:	
		Jos M. Kurtz	
	Follen	Oak Holdings, L.	<u> </u>
		1720 S.W. 5544 Address	11ne
		City/State and Zip Code	
Eas Cook of the Commercial		to be used for future annual report noti	
ror turtner information of	concerning this matter, please o	all:	
Name of Name o	of Person	at ( <u>252</u> ) <u>365</u> Area Code Daytim	c Telephone Number 50
Enclosed is a check for the \$25.00 Filing Fee	ne tollowing amount: □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee.  Certificate of Status & Certified Copy (2) (additional copy is enclosed)
Mailing Addres	is:	Street Address:	

Registration Section
Division of Corporations

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fallen OAK Hol	ding	245			
(Name of the Limited Liability Compan (A Florida Limited Li	iv as if now ap lability Compa	pears on our recor ny)	<u>ds.</u> )		
The Articles of Organization for this Limited Liability Company v	were filed on	3/12/10		a	and assigned
Florida document number <u>L/40000 S0278</u> .		, ,			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity compan	v here:			
The new name must be distinguishable and contain the words "Limited Liability					
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," t	he designation "LLC	or the a	ibbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STREET ADDRESS)					
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on ou	r records, <u>enter</u>	the nar	ne of th	ne new register
Name of New Registered Agent:	الد	A	<u>,::</u> !	<b>.</b>	
New Registered Office Address:				120	
New Registered Office Address.	Enter i	Florida street addres	orlda.	JIII 24	7.
	Ciŋ·		n ida	Zip	Códě
New Registered Agent's Signature, if changing Registered Agent:				<b>j</b> :	C
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peacept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance ovided for it	of my duties, an n Chapter 605 -	id I am <sub>.</sub> F.S. Or	familia if this	ir with and document is

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
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			□Change
<del></del>			□Add
			□Remove
		<del></del>	DChange
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ne: If the date inserts cument's effective da record specifies	r than the date of filing: the date must be specific and dead in this block does not make the on the Department of State and delayed effective dater the record is filed.	eet the applicable statutory ate's records.	filing requirements.	this date will	not be	listed a
e Jour day arte	. the record is med.					
ited	6/20/20	·				
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