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(Re	questor's Name)	····
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PICK-UP	☐ WAIT	MAIL
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(Dd	cument Number)	
Certified Copies	_ Certificates	s of Status
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New State of State of

COVER LETTÉR

Division of Cor	rporations			_
SUBJECT: Facri	ers Painting	Home improvement	ts Residential Van	moderal L
			Cor	mercial
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Steven Fa	Name of Person		
	farners Painting	Home Improvements Firm/Company	· Residential + Commerce	: Pal LLC
	2043 lauren	Address		
	Apopha FI	32 703 City/State and Zip Code	12: 523	
	Farriers H. A. E-mail address: (Gmall. Com		
For further information e	oncerning this matter, please ea	ili:	325 ASSE	Color Fig.
Steven Farrien	f Person	at (321) 458 – Area Code Daytime	8294 Fig. RH 3: O3	The state of the s
Enclosed is a check for th	ne 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)	

TO:

Registration Section

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

Farriers all around Professional 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
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Farriers Panch Down Over the North Post Company." The new name must be distinguishable and end with the words "Linkted 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) 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: New Registered Office Address: Cascubery City 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

A Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

being filed to merely reflect a change in the registered office address. Lhereby confirm that the limited liability

company has been notified in writing of this change.

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Dudley farrier	211 WP/S/Are Dr	√Z∕∧dd
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late, if other than the date o	of filing: $08-6$	11-2014	(antional)
document is filed by the Florida De	ior to date or receipt or	filed date and cannot be mo	(optional) ore than 90 days after
15-80	2014	<i>/</i>	
Sudly	Vor	υ _γ	
Signatu	of a member or auti	norized representative of a	member
	Judley Dudle	Judley Joseph Signature of a member or auth	Signature of a member or authorized representative of a

Page 3 of 3

Filing Fee: \$25.00

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