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B. BOSTICK SEP 1 2 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Far Perspanhont Improvements fooden Halt Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steven Farrier Name of Person
Farrier Painting thome Improvements lesidentes Hommere: 1) CUC.
5305 Sandmono Ave Apt 208
OR1ando F1 32839
FarRersPhan 321@Gmail-Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven Far Pea at (8407) 558-6766 Area Code Daytime Telephone Number 377
Enclosed is a check for the following amount:
\$25.00 Filing Fee \tag{Certificate of Status} S55.00 Filing Fee & Certificate of Status & Certifi

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

for responding the Lin	povenents residentel We priced Liability Company as it now and	mmer(9) LLC	
	nited Liability Company as it now app (A Florida Limited Liability Compan	•	
The Articles of Organization for this Limited Florida document number 4140018	Liability Company were filed on 9876	08-/9-2014 and assign	ied
This amendment is submitted to amend the fo	Howing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the	e words "Limited Liability Company,"	he designation "LLC" or the abbreviation "L.L.	
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		2 D (3
(Mailing address MAY BE A POST OFFICE	<u> </u>	्रांची	
B. If amending the registered agent an registered agent and/or the new registered		on our records, enter the name of	the new
Name of New Registered Agent:	Stevenfarra	201308	
New Registered Office Address:	5305 SANANTON	Norida street address	
	OKlanda	, Florida 32839	
	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 undress. Thereby 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Type of Action <u>Title</u> Name | <u>Address</u> □ Remove _□ ∧dd _□ Remove _ 🗆 Add ⊖ □ Remove _□ Add _□ Remove □ Add ☐ Remove

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Page 3 of 3

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Filing Fee: \$25.00