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COVER LETTER

Division of Corp	porations	
Painted Harle SUBJECT:	ley Fairings LLC	
	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspond	ndence concerning this matter to the following:	
	Paul Barber	
	Name of Person	
	Painted Harley Fairings LLC	
	Firm/Company	
	144 Industrial Loop S. Suite E	
	Address	
	Orange Park FL 32073	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information cor	oncerning this matter, please call:	
Stephanie Barber	904 664-4444 at ()	
Name of I	" ' " ' " ' " ' ' ' ' ' ' ' ' ' ' ' ' '	
Enclosed is a check for the	e following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section

TO:

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 ORGANIZATION OF

Painted Harley Fairings LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records. la Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The Fairing XChange LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	
		1.550 1.500
Enter new mailing address, if applicable:		w
Mailing address MAY BE A POST OFFICE BOX)		-
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B. If amending the registered agent and/or regi	stared office address on our records	anter the name of the na
registered agent and/or the new registered office add	lress here:	cite the name of the ne
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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in ef	tive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
<u>ote:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
œun	nent's effective date on the Department of State's records.
re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 9 90th day after the record is filed.
1116	sour day after the record is filed.
	January 30, 2017
ated	
	H O R
	Jan Ban
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member PAUL BARBER Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00