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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : WF TAXES AND MORE INC.

Account Number : I20200000043 : (772)879-0010 Fax Number : (772)281-5520

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAIRWATER TITLE COMPANY, LLC

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	COVER LETTER
TO: Registration Division of C	Section
FAIRWASUBJECT:	TER TITLE COMPANY, LLC
DODALCI.	Name of Limited Liability Company
1	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	PAMELA D WILLIAMS
	Name of Person
	FAIRWATER TITLE COMPANY, LLC
	Firm/Company
	466 SW Port Saint Lucie Blvd Suite 108
	Address
	PORT SAINT LUCIE, FL 34953
	City/Stare and Zip Code
	pam@fairwatertitlecompany.com
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
PAMELA D WILLIAN	is 772 332-1117
	of Person Area Code Duytime Telephone Number

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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

■ \$30.00 Filing Fee &

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

☐ \$60.00 Filing Fee,

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

FAIRWATER TITLE COMPANY, LLC			
(Name of the Limited Linb (A Flori	rility Company as it pow appears on ida Limited Liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liability	Company were filed on 10/02/	2018	_ and assigned
Florida document number L15000003806			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	ation "LLC" or the abbre	vistion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		,	r 93
			223
	<u></u>		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our recor :	ds, enter the name o	f the new registere
		•	
Name of New Registered Agent:			<del>5.</del>
			. <u>.</u>
New Registered Office Address:	Enter Florida s	reet address	
		. Florida	
<del></del>	City	X 101144	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 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>	Name	Address	Type of Action
MGR	FELICIANO HIGUERA	466 SW Port Saint Lucie Suite 109.	□Add
		PORT ST LUCIE, FL 34953	-
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
<del></del>			□Add
			©Remove
			Change

Typed or printed name of signee

PAMELA D WILLIAMS

Signature of a member or authorized representative of a member