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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corpor			
subject: Fai	r-North The	ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	Ro	Name of Person	
	Fair-North	n Thoroughbreds Firm/Company	s,LLC
	326 17	TH AVE NE	
		S bury, FL 33 City/State and Zip Code LIVI. Rocco @gma be used for future annual report notificati	3704
-	E-mail address: (to	be used for future annual report notificati	مزا.دنس _(on)
For further information conce	erning this matter, please call	:	
	Baldelli	at (727) 421-6 Area Code Daytime Tel	451
Name of Per	·son	Area Code Daytime Tel	ephone Number
Enclosed is a check for the fo	ollowing 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)

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

TO ARTICLES OF ORGANIZATION OF

Fair-North TI	normal brids, LI	-C
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 1/20/15	and assigned
Florida document number <u>L13008810374</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilia	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	326 17TH AVE	NE.
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburz	, FL
		133704
Enter new mailing address, if applicable:	326 17TH AVE	NE.
(Mailing address MAY BE A POST OFFICE BOX)	St. Petersbur	2 FL
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		SS N minory.
New Registered Office Address:		TO E IN
	Enter Florida street address	9: L
	, Florid	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I rovided for in Chapter 605, F.S	am familiar with and . Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = M AMBR = A	lanager .uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Change
			Add
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Page 3 of 3

Filing Fee: \$25.00