

L15000019514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

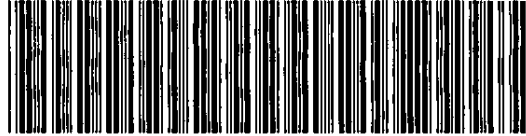
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900280121609

12/18/15--01020--014 \*\*25.00

FILED  
2015 DEC 18 P 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 18 2015

S MASON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Fairholme Trust Company, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wayne Kellner, CFO

Name of Person

Fairholme Trust Company, LLC

Firm/Company

4400 Biscayne Boulevard, Suite # 900

Address

Miami, Florida 33137

City/State and Zip Code

Wayne@fairholme.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wayne Kellner

305 434-7713

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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

## FAIRHOLME TRUST COMPANY, LLC

The Articles of Organization for this Limited Liability Company were filed on January 30, 2015 and assigned Florida document number L15000019514.

**A. If amending name, enter the new name of the limited liability company here:**

**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:

Enter Florida street address

*City*

**Florida**

---

*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**

SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

DEC 18 2:27 PM '67

NEWLY REGISTERED VEHICLE

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	Fred S. Fraenkel	4400 Biscayne Blvd., 9th Floor	<input type="checkbox"/> Add
		Miami, Florida 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 DEC 18 P 2:27  
 SECRETARY OF STATE  
 TREASURY, FLORIDA  
 FILED

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Article V of the Articles of Organization is hereby amended to remove Mr. Fred S. Fraenkel as a director  
of the company due to Mr. Fraenkel's resignation as an officer and director of the company, effective 8/31/2015,


**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated December 17, 2015



Signature of a member or authorized representative of a member

Wayne Kellner, **cfo**

Typed or printed name of signee

**FILED**  
2015 DEC 18 P 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA