L16000001937

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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Registration Section Division of Corporations

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Tallahassee, FL 32314

Registration Section

Division of Corporations

WVIFING VDDKE2S:

P.O. Box 6327

		(possessus su sidos muonuppo)	(additional copy is enclosed)
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
325.00 Filing Fee	& 30.00 gnili7 00.0€\$ □	38 æ7 gnili7 00.22\$ □	.597 Filing Fee,
Enclosed is a check for t	re following amount:		
Увте с	г Регѕоп		ие Дејерћопе Митрет
Gary Farless		172 7130701	
For further information o	oncerning this matter, please ca	יון;	
	E-mail address: (ton troqet launue annual report not	infication)
	JenFarless@Yahoo.Com		
		City/State and Zip Code	
	Уего Веасh , Fl 32968		
		Reduces	
	395 29th Court SW		
		Гіпп/Сотралу	A
		Name of Person	
	Jennifer Farless		
Please return all correspo	ndence concerning this matter	to the following:	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	изле от Гл	ited Liability Company	
20B1ECL: Esticas Far	nily Investments LLC	V 3013113	

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section Division of Corporations

STREET/COURIER ADDRESS:

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Farless Family Investments LLC		
(Name of the Limited Lis (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability	ty Company were filed on 01/01/2016	and assigned
lorida document number L16000001937	·	
his amendment is submitted to amend the following	3 :	
A. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or re		enter the name of the
egistered agent and/or the new registered office a	address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	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 Agen

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>	Type of Action
AMBR	The Entrust Group Inc FBO Jennifer Farless IRA #7230013107	515 12th Street - Oakland, Ca	Add
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ective date, if other than the	e date of filing:			(optiona	al)	
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M	Signature of a memb	er or authorized re	presentative of a m	ember 57	هَ جُ	

Page 3 of 3

Filing Fee: \$25.00