LIL GOOD o FOFS

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300284372153

04/12/16--01002--001 **25.00

16 APR 22 PM 2: 16

2916 APR II AM 8:

'APR 22 2016 N. CAUSSEAUX

COVER LETTER

Division of Corporations
SUBJECT: FAIRCHILD ELECTRONICS, 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:
Randall C. Fairchild
Fairchild Electronics UC Firm/Company
504 Oak Landing Blud Address
Mulberry Fl 33860 City/State and Zip Code Ranly e a/com solutions in Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rady Fairchild at (983) 8/6 7917 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$ \$\text{Certified Copy}\$ (additional copy is enclosed) \$\text{Certified Copy}\$ (additional copy is enclosed)

MAILING ADDRESS:

τ̈́O:•

Registration Section

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



April 12, 2016

RANDALL FAIRCHILD 504 OAK LANDING BLVD MULBERRY, FL 33860

SUBJECT: FAIRCHILD ELECTRONICS, LLC

Ref. Number: L16000008085

We have received your document for FAIRCHILD ELECTRONICS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 916A00007459

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	roucs ele 20 ?
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Clability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number <u>1/6 0000 8085</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	lity Company," the designation "L.L.C." 504 Oak Landing Blud Mulberry FL
(Principal office address MUST BE A STREET ADDRESS)	Mulberry FL
	33860
	20 8 02250
Enter new mailing address, if applicable:	10. Box 73233
(Mailing address MAY BE A POST OFFICE BOX)	Lakeland PC
	33807
B. If amending the registered agent and/or registered of	ffice 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
	, Florida
	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

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	WILLIAM FAIRCH, LA		Add
	\mathcal{A}	5307 ROGERTA LA TA	33617 9 DRemove
11/	Myara		Change
			Add
amo		4/6/16	□ Remove
NOTAF PUBLI STATE FLORII	OF BONDED THROUGH		□ Change
			AP 22
			Remove 7
			'>> □ Add
			□ Remove
			Change
			Add
			□ Remove
		 	Change
		•	Add
			□ Remove
			□ Change

• '								
· · · · · · · · · · · · · · · · · · ·								
	· ·	<u> </u>		. <u>. </u>			24 6	*.س
	<u>.</u>		 	 	<u> </u>		7	
- · · · · · · · · · · · · · · · · · · ·		** •						ţ
							7 7 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			<u> </u>					
							DAM C	ر. ر
	<u> </u>							
							· · · · · · · · · · · · · · · · · · ·	
	 -							
				·				
n effective date is te: If the date	Tother than the collisted, the date must inserted in this blo ive date on the De	be specific and ck does not n	l cannot be price	cable statutor	ng or more than 9 y filing require	(options O days after fili ments, this da	ng.) Pursuant to 605	.020 ed a
	ifies a delayed after the reco			ot an effec	tive time, at	12:01 a.n	n. on the earlie	er o
ted AP	RIL 2	2	, 201	6				

Page 3 of 3

Filing Fee: \$25.00