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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Se Division of Cor				
CHDIE	Our Fanta-S	Sea LLC			
SUBJE	.cr:	Name of Lim	ited Liability Company	y	
The end	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please 1	return all correspo	ondence concerning this matter	to the following:		
		Terry McEwen			
			Name of Person	n	
		McEwen Properties, LLC			
			Firm/Company	,	
		1199 West 800 South			
			Address		
		Lehi, Utah 84043		li .	
			City/State and Zip (ode	
		terry.mcewen7@gmail.com			
			to be used for future ar	nual report notific	cation)
For furt	her information c	oncerning this matter, please ca	all:		
Terry N	AcEwen		801 at (643-4002	
	Name o	of Person	Area Code	Daytime '	Telephone Number
Enclose	ed is a check for the	he following amount:			
□ \$25	i.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy	≯	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	Reg Divi Clif 266	REET/COURIE istration Section ision of Corporation Building I Executive Centary anassee, FL 3230	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Our Fanta-Sea LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	
· ·		
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company " the designation "LLC" or the	abbreviation "L. I. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	(Name of the Limited Liability Company of It now appears on our records.) (A Florida Limited Liability Company) on for this Limited Liability Company were filed on and assigned	
	ì	AR AR
Enter new mailing address, if applicable:		W SEE
(Mailing address MAY BE A POST OFFICE BOX)	Lehi, Utah 84043	<u> </u>
		7 7 8
		er the name of the new
registered agent and/or the new registered office address here	<u>:</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	Zip Code Zip Code agree to comply with the m familiar with and Or, if this document is
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I a provided for in Chapter 605, F.S. C	m familiar with and Or, if this document is
If Chan	ging Registered Agent, Signature of New	Registered Agent

Page 1 of 3

<u>or removed</u>	g Authorized Person(s) authorized to m from our records:	anage, enter the title, name, an	d address of each person being added
MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
			
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Effective date, if othe	r than the date of	filing:		(optional)	
Note: If the date inserte	ed in this block does	not meet the applica	o date of filing or more than ble statutory filing requi	(optional) 190 days after filing.) Pursuant to 605 rements, this date will not be listed	.0207 (ed as t
document's effective da	ite on the Departmen	nt of State's records.			
the record specifies The 90th day afte	a delayed effect er the record is f	ive date, but not îled.	an effective time,	at 12:01 a.m. on the earlie	er of
Dated		2018			
		MCG	,		
	Signatur	e of a member or autho	rized representative of a me	ember	

Page 3 of 3

Filing Fee: \$25.00