16000139263

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18 JUN 15 PM 3: 19
SAUNT ART OF STATE
TALLAHASSEE, FLORIDA

JUN 2 1 2018 S. YOUNG

COVER LETTER

TO: Registration Division of 0	Section Corporations			
SUBJECT:	E AND Name of L	I 5 LL C		
The enclosed Articles	of Amendment and fee(s) are si	ubmitted for filing.		
	pondence concerning this matte			
	J- S.A.	AC ADUAN Name of Person	0	
		Firm/Company	JLLC"	18 JUN
	20805	NE 31 PL Address		FILED JUN 15 PH ANASSEE.
		City/State and Zip Code		
	DECALO E-mail address:	MANIA 2 (a) (to be used for future annual report not	AOL. Com	1
For further information of	concerning this matter, please c	alf:	orcanon)	
		236 2 a(763) 301 i	+13 / c Telephone Number	_
Enclosed is a check for the	ne 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 F Certificate of 1 Certified Copy (additional copy in	Status &

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

- FANT 5 LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 7/26/2016 and assigned
Florida document number <u>L16000139263</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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)
walling dutitess MAT BE A FOST OFFICE BOX)
B. If amending the registered upont and/or registered office add-
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
Name of New Paristres 4 A
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 A	Nuthorized Person(s) authorized to man rom our records:	age, enter the title, name, and address of each person being adde
MGR = Mai AMBR = Aut	nager horized Member	
Title	Name	Address Type of Action
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Note: If the	ite, if other date is listed, the date inserted effective date	ie date must in this blo	be specific ck does n	c and c	annot b	e prior to applicat	date of	filing o utory fi	r more the	han 90 Juirem	(opt days afte ents. th	t ional) er filing. iis date) Pursuant i will not b	to 605,02 c listed
e record s The 90th	specifies a day after							fective	time	, at 1	2:01	a.m.	on the e	arlier
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Filing Fee: \$25.00