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	Division of Cor		建而 三 刊
	Fax Number	: (850) 617-6383	
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		: C T CORPORATION SYSTEM	
	Account Number	: FCA00000023	199
	Phone	: (850) 205-8842	
	Fax Number	: (850) 878-5368	وس سنم
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annual	report mailing	s. Enter only one email address pleas	e.******
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOUR FATHERS, LLC

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COVER LETTER

TO: Registration S Division of Co			
Four Faths SUBJECT:	ers, LLC		
31/1011.Q E	Name of Lim	ited Liability Company	kaidi sahasaan ara dan ara iji yanda-adaladi. Malah
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Murk D. Pussier		
		Name of Person	17 SE 56
	Akerman LLP		
	אוואים לפינונת. נאנשטו אבנה די די	- 1 OU 17 WOL 1 TO WAY	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Address	उद्गार ज
	West Pahn Beach, FL 3346	31	E S
	mark.passler@akerman.com	City/State and Zip Code	OKAID TATE 8: 50
		to be used for future annual report r	
For further information of	concerning this matter, please or	all:	
Mark D. Passler		561 653-5000	
Name o	of Person	Area Cude Day	time Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	Sand Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

8/15/2016 4:31:44 PM From: To: 18506176383(3/5)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Four Fathers, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	and the state of t
The Articles of Organization for this Limited Liability Compar Florida document number <u>L16000146560</u>	ny were filed on August 1, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
		T-Si 6
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or	the abbreviation "L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		- 5 TO
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by New Registered Office Address:		enter the name of the nev
	Timbl. University and an entire contract	
and the second s	, Flori	da Zip Code
	cay	Lift Color

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mark Tremonti	6108 Kükstone Lu	≅ Add
		Windermere, FL 34786	□ Remove
			□ Change
MGR	John Ehrbard	11431 Waterstone Loop Dr.	<u>≅</u> Add
		Windermere, FL 34786	□ Remove
			□ Change
MGR	Sebastien de Fabrique	11652 Waterstone Loop Dr.	= Add
		Windermere, FL 34786	☐ Rentove
			☐ Change
MGR	Sunil Khemchandani	11150 Bridge House Rd	
		Windermere, F1, 34786	Пепжус
			Change
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lote: I	coptional) ctive date, if other than the date of filing: (optional) ctive 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 6 I the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be limit's effective date on the Department of State's records.	05.020 sted n:
e reco	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the ear 90 th day after the record is filled.	tier o
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ated _	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00