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(Requestor's Name)
(Address)
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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S. WARREN JUL 27 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>Fanovotive Housing Group LLC.</u> 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:
Paul A. Rowlings Name of Person
Firm/Company
680 Deerhurst Dr.
Melbourne FC 32940
Melbourne FC 32940 City/State and Zip Code Cowlings. Poul Email address: (To be used for future annual report notification)
For further information concerning this matter, please call:
Poul A. 6 Cowlings at (321) 557-0860 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)

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 TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liab Florida document number <u>L 1 7 000</u> 0 2	ility Company were	e filed on <u>Feb.</u>	06 201	and assigned
This amendment is submitted to amend the follow				
A. If amending name, enter the new name of th		company here:		
The new name must be distinguishable and contain the word	ls "Limited Liability C	ompany," the designa	tion "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicab				7
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	_			21 PH 2
(Mailing address MAY BE A POST OFFICE BOX)		0 <u>0</u> . 5 <u>7</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office	e address on our	records, enter	the name of the ne
Name of New Registered Agent: New Registered Office Address:	- Poul - 680	A. 6 Deer hu Enter Florida s	Cowline C5t 6	85 Tr.
	Me /bou	ine City	, Florida	32940 Zup Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re	r and complete pe ered agent as pro	rformance of my vided for in Chap	aunes, ana 1 am j oter 605, F.S. Or.	if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = Ai	nthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Panela K. Rowlings	680 Deerhurst Dr	_□ Add
		680 Deerhurst Dr. Melbourne, FL 329	240 Remove
			Change
			□ Add
			Remove
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ote:	te date, if other than the date of filing: (optional) (ative 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 605.020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
roc	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
	90th day after the record is filed.
The	
The	Sol 21, 2017
The	90th day after the record is filed.
The	Sol 21, 2017. Sal 21, 2017. Sand O. Randos
The	Sol 21, 2017. Sal 21, 2017. Sand O. Randos
The	Signature of a member or authorized representative of a member Coul A. Cowlings

Filing Fee: \$25.00