47000208170

(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	ry/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

то:	Registration Se Division of Cor			
SUBJE		apital Ventures, LLC		
30031	c	Name of Lim	ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Patricia A Mason		
			Name of Person	
		Fairway Capital Ventures,	LLC	
			Firm/Company	
		977 Lakewood Drive		
			Address	
		Dunedin, FL 34698		
		FairwayCapital22@gmail.c	City/State and Zip Code	
		=	to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please ca	all:	
Patricia	A Mason		727 580-3339 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 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

Fairway Capital Ventures, LLC			
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited I Florida document number L17000208170	Liability Company were filed on C	October 9, 2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbrev	
Enter new principal offices address, if appli	cable:		8 //ss
(Principal office address MUST BE A STRE	ET ADDRESS)		무를
			20 72
			- 3 3 €
Enter new mailing address, if applicable:			AH II:
(Mailing address MAY BE A POST OFFICE	(BOX)		<u>န</u> မ
			<u>-</u>
B. If amending the registered agent and registered agent and/or the new registered of		on our records, <u>enter the</u>	name of the ne
Name of New Registered Agent:	Patricia A Mason		
New Registered Office Address:	977 Lakewood Drive		
	Enter Fl	orida street address	
	Dunedin	, Florida 34698	
	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 = Manager AMBR = Authorized Member

1

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Geoffrey McLelland	977 Lakewood Dr.	
		Dunedin, FL 34698 US	
			■ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			☐ Change
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Affective date, if other than the date of filing:	(ontional)	
ffective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or sote: If the date inserted in this block does not meet the applicable statutory fil ocument's effective date on the Department of State's records.	more than 90 days after filing.) Pursuant to 605.	.020 ed a
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earlie	er (
$\frac{9-35}{1}$		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00