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į (Re	equestor's Name)
(Ac	ddress)
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(Ci	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
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DIVITION OF CONTINUATION

DIVITION OF CONTINUATION

DIVITION OF PH IZ: 21

COVER LETTER

Division of Corporations	
SUBJECT: Farrah Kisel LLC Name of Limited Liability Comp	any [17 (15):15]
The enclosed Articles of Amendment and (ee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	700104 00011-4
Farrah Kisel	son –
Farrah Kisel LL	C D-1-1 trose rismes
255 Evernia Stre	et, 610
West Palm Beach City/State and Zi farrah Kscott @ ar E-mail address: (to be used for furture	
	annual report notification)
For further information concerning this matter, please call:	
Farrah Scott Name of Person Area Co	de Daytime Telephone Number
Enclosed is a check for the following amount: 12 611 1915	विभूद
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60 Certified C (additional co	sig Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registration Section R Division of Corporations D P.O. Box 6327 T Tallahassee, FL 32314 24	egistration Section ivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810 allahassee, FL 32303
P.O. Box 6327 Tallahassee, FL 32314 24	he Centre of Tallahassee

TO ARTICLES OF AIVIENDMENT TO ARTICLES OF ORGANIZATION OF

(Ixame of the Light)	(A Florida Limited Liability	Company)	c cords.)	
The Articles of Organization for this Limited L Florida document number 1700025		filed on <u>12108</u>	12017	and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of	f the limited liability co	mpany here:	116	
Farrah Scott LLC The new name must be distinguishable and contain the w				tion "L.L.C."
Enter new principal offices address, if applic	able:	·		20.
(Principal office address MUST BE A STREE	T ADDRESS)	A Company	12/12/2	JAN WA
Enter new mailing address, if applicable:	-173 , 18 mag	3 mish		M4 0 M
(Mailing address MAY BE A POST OFFICE)	BOX)		· · · · · · · · · · · · · · · · · · ·	2: 21
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address	s on our records, <u>er</u>		he new registered
Name of New Registered Agent:	Farrah!	Scott	7784	
New Registered Office Address:	255 EVER	nia Street	+, 610 idress	
	West-Palm		, Florida <u>334</u> 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 = M $AMBR = A$	lanager uthorized Member	misisa wa moje bairasi.
<u>Title</u>	<u>Name</u>	Address Sinon Isr Type of Actio
MGR	Farrah Scott	255 Evernia Street, 610 &Add
		□Remove
		Change
MGR	Farrah Kisel	255 Evernia Street, 610 -Add
		Remove
		□Change
-		□Add
		□Remove
	·	Change
	·	Change
		□Add
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		□ Change

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effective date is te: If the date	f other than the date of filing is listed, the date must be specific and inserted in this block does not n tive date on the Department of S	d cannot be prior to date of filing neet the applicable statutory	or more than 90 days after fil filing requirements, this d	ing.) Pursuant to 605.0207
cord specifies s filed.	a delayed effective date, but not	an effective time, at 12:01 a	n.m. on the earlier of: (b)	The 90th day after the
ر <u>۱۳۵۲ می</u>	lary 7	2020		
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