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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	\$)
		MAIL
(Bu	siness Entity Name	:)
(Do	cument Number)	<u>.</u>
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer.	
	Office Use Only	



04/07/22 -01002--022 **\*\***25.00

# **COVER LETTER**

### TO: Registration Section Division of Corporations

The Craft House FL, LLC SUBJECT:

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:

Cathi Green

Name of Person

The Craft House FL, LLC changing names to Fairway Fibers, LLC

Firm/Company

1105 Mill Creek Drive

Address

St. Johns, FL 32259



Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Craft House FL, 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 05/07/2018 and assigned Florida document number L18000113474

This amendment is submitted to amend the following:

## A. If amending name, enter the new name of the limited liability company here:

Fairway Fibers, LLC

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."

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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)

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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	-n/a	
New Registered Office Address:	Enter Florida street	address
	City	_, Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	1/2/2022		

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 2	2023	
()OLLI		
S	ignature of a member or authorized representative of a member	
Cathi Green	Turnel and a state of the state	
	Typed or printed name of signee	