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COVER LETTER

	Registration : Division of C		•		
SUBJEC	Farnswor				
SUBJEC	· ;		ited Liability Company		
The enclo	osed Articles o	of Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all corres _l	pondence concerning this matter	to the following:		
		Irene Fonzi, Esquire	Name of Limited Liability Company nendment and fee(s) are submitted for filing. lence concerning this matter to the following: Irene Fonzi, Esquire Name of Person Irene Fonzi, PA Firm/Company 1402 Highway A1A, Suite A Address Satellite Beach, FL 32937 City/State and Zip Code ifonzi@fonzilaw.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: at (321 / Area Code) T777-1191 erson at (321 / Daytime Telephone Number) following amount:		
			Name of Person		
		Irene Fonzi, PA			
			Firm/Company		
			Address		
		Satellite Beach, FL 32937			
			City/State and Zip Code		
		•			
		E-mail address: (to be used for future annual report notif	ication)	
For furthe	r information	concerning this matter, please ca	all:		
Irene For	nzi, Esquire				
	Name	of Person	Area Code Daytime	: Telephone Number	
Enclosed	is a check for	the following amount:			
\$25.0	0 Filing Fee	_	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

Farnsworth Peak Performance, 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 05/18/2018 and assigned Florida document number __L18000125761 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 16344 Magnolia Bluff Drive, Montverde, FL 34756 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 16344 Magnolia Bluff Drive, Montverde, FL 34756 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida ___

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
			☐ Change
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			Remove
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ated _	August Z			2023	<i>D</i> :	~			

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Filing Fee: \$25.00

Typed or printed name of signee