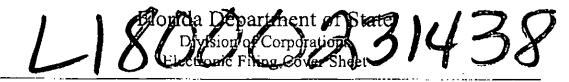
10/25/2018



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200

Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

TO	D: Registration S Division of Co			
SI	FARRING	TON, L.L.C.	•	
		Name of Lin	nited Liability Company	
Th	e enclosed Articles of	Amendment and fec(s) are sub	omitted for filling.	
Ple	ease return all correspo	ondence concerning this matter	to the following:	
		Alan S. Gassman		
			Name of Person	
		Gassman, Crotty & Denice		
		1245 Court Street	Firm/Company	
		7245 Court Street		
		Clearwater, FL 33756	Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For	r further information o	onceming this matter, please of	all:	
Ca	ırla Guidry		727 442-1200 81 ()	
	Name o	f Persun	Area Code Daytime	Telephone Number
En	closed is a check for th	ne following amount:		
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Tallahassec, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FARRINGTON, L.L.C.		
(Name of the Limited Liability Cumpany as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	October 16, 2018	and assigned
Florida document numberL18000231438		•
This amendment is submitted to amend the following:	.:	3
A. If amending name, enter the new name of the limited liability company here	<u>e</u> :	001
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the a	bbreviation "I,.L.C;"
Enter new principal offices address, if applicable:		宝马
		بي
Principal office address MUST BE A STREET ADDRESS)		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: [Muiling address MAY BE A POST OFFICE BOX]		· · · ·
Enter new mailing address, if applicable:		U
Enter new mailing address, if applicable:	our records, <u>enter</u>	
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 orgistered agent and/or the new registered office address here: Name of New Registered Agent:	our records, <u>enter</u>	
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 orgistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	our records, enter	
Enter new mailing address, if applicable: [Muiling address MAY BE A POST OFFICE BOX] 3. If amending the registered agent and/or registered office address on egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		

provisions of all statutes relative to the proper and complete performance of my dutles, 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

Page 1 of 3

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

Title	Nume	Address	Type of Action
MGR	CAROLYN R. SIX	1245 Court Street	
			
		Clearwater, FL 33756	_
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Note: 11	c date, if other than the date of filling: (optional) tive date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.02t if the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed ant's effective date on the Department of State's records.
e reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
ated _	OCTOBER 25 2018
	COW
	Signature of a member or authorized representative of a member
	Alan S. Gassman, Authorized Representative

Page 3 of 3

Filing Fee: \$25.00