## 11800 251350

| (Requestor's Name)                      |
|---|
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| (Address)                               |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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2019 JAN 17 PH 1: 04

C. GOLDEN JAN 2 4 2019

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Fawn Property LLC 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:                           |
| Linda Nelson<br>Name of Person   |
| Convery Tax & Accounting Firm/Company  |
| 50 Leanni Way C2<br>Address  |
| Palm Coast Fl 32137  City/State and Zip Code  Customerservice@aciaonline.com  E-mail address: (to be used for future annual report notification)                             |
| For further information concerning this matter, please call:   |
| Linda Nelson at (386) 445-4375  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: STREET/COURIER ADDRESS:   |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## TO **ARTICLES OF ORGANIZATION** OF

FILED

|  |   | i lim 🛌 🖳                             |
|--|---|---------------------------------------|
| Name of the Limited Liability Compa  | rty LLC<br>any as it now appears on our records.) | , 2019 JAN 17 PM 1: 04                |
| (A Florida Limited)  | Liability Company)                                |                                       |
| The Articles of Organization for this Limited Liability Company  | were filed on $10/25/18$                          | MALL and assigned L                   |
| Florida document number <u>L18000 251350</u> .   |   |                                       |
| This amendment is submitted to amend the following:  |   |                                       |
| A. If amending name, enter the new name of the limited liab  | ility company here:                               |                                       |
| Dan, Mich LLC The new name must be distinguishable and contain the words "Limited Liabi                                |   |                                       |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LUC" (            | or the abbreviation "L.L.C."          |
| 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)   |   |                                       |
|  | <del> </del>                                      |                                       |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her |   | enter the name of the nev             |
| Name of New Registered Agent:  |   |                                       |
| New Registered Office Address:   |   |                                       |
|  | Enter Florida street address                      |                                       |
|  | . Flor  | ida                                   |
|  | City  | Zip Code                              |
| New Registered Agent's Signature, if changing Registered Agent:  | -   |                                       |
|  |   | i i i i i i i i i i i i i i i i i i i |

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

| or removed from our records:  MGR = Manager  AMBR = Authorized Member |             |         |                |  |  |
|---|-------------|---------|----------------|--|--|
| <u>Title</u>  | Name        | Address | Type of Action |  |  |
|   |             |         | □ Add          |  |  |
|   |             |         | □ Remove       |  |  |
|   |             |         | □ Change       |  |  |
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|------|--|
|      |  |
| Note | ctive date, if other than the date of filing:  |
|      | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed. |
| Date | d 1/14 2019  |
|      | Signature of a member or authorized representative of a member   |
|      | Signature of a member or authorized representative of a member   |
|      | X Kori (co. his  |

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Typed or printed name of signee

Filing Fee: \$25.00