## L1900000 5879

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| Considerations to Filing Officer        |
| Special Instructions to Filing Officer: |
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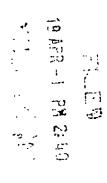
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## **COVER LETTER**

| Div            | ision of Corpo   | orations                                     |   |   |  |  |
|----------------|--|--|---|---|--|--|
| SUBJECT:       | FAIRVIEW AVENUE LLC  Name of Limited Liability Company |  |   |   |  |  |
|                |  |  |   |   |  |  |
| The enclosed   | l Articles of Ar                                       | nendment and fee(s) are subi                 | nitted for filing.  |   |  |  |
| Please return  | all correspond   | lence concerning this matter t               | to the following:   |   |  |  |
|                |  | Michael Foster, Esq.                         |   |   |  |  |
|                |  |  | Name of Person  |   |  |  |
|                | Kirschenbaum & Kirschenbaum, P.C.                      |  |   |   |  |  |
|                | Firm/Company   |  |   |   |  |  |
|                |  | 200 Garden City Plaza, Sui                   | ite 315   |   |  |  |
|                |  |  | Address   | <del></del>   |  |  |
|                |  | Garden City, NY 11530                        |   |   |  |  |
| ٠٠             |  |  |   |   |  |  |
| •••            | , ,  | colin.h.kennedy@gmail.com                    | 1   | <b>V</b>  |  |  |
|                |  | E-mail address: (t                           | o be used for future annual report notifi                         | ication)  |  |  |
| For further in | nformation con-  | cerning this matter, please ca               | ill:  |   |  |  |
| Michael Fos    | Michael Foster, Esq. 516 747-6700 x.308                |  |   |   |  |  |
|                | Name of P  | erson  | at () Area Code Daytime   | Telephone Number  |  |  |
|                |  |  |   |   |  |  |
| Enclosed is a  | check for the  | following amount:                            |   |   |  |  |
| □ \$25.00 F    | îling Fee  | □ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |

MAILING ADDRESS:

TO:

Registration Section

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

| FAIRVIEW AVENUE LLC  |                                       |                                |
|--|---------------------------------------|--------------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited  | Liability Company)                    | <u>s.</u> )                    |
| he Articles of Organization for this Limited Liability Company lorida document number L19000005879                 | y were filed on 01/03/2019            | and assigned                   |
| nis amendment is submitted to amend the following:   |                                       |                                |
| . If amending name, enter the new name of the limited lia  | bility company here:                  |                                |
| ne new name must be distinguishable and contain the words "Limited Liab  | oility Company," the designation "LLC | " or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable:   |                                       | T-11.                          |
| Principal office address MUST BE A STREET ADDRESS)   |                                       |                                |
|  |                                       | - 10                           |
|  |                                       |                                |
| nter new mailing address, if applicable:   |                                       | . न                            |
| Mailing address MAY BE A POST OFFICE BOX)  |                                       | <u> </u>                       |
| Tuning unures shift DE ATTOST OF THEE DOM  |                                       |                                |
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| . If amending the registered agent and/or registered orgistered agent and/or the new registered office address her |                                       | s, enter the name of the       |
| Name of New Registered Agent:  |                                       |                                |
| New Registered Office Address:   |                                       |                                |
|  | Enter Florida street addres           | S                              |
|  |                                       | orida                          |
|  | City                                  | orida <u>Zip Code</u>          |

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 |
|--------------|-------------|---|----------------|
| AMBR         | Rob Dezso   | 493 Annandale Pkwy<br>Madison, MS 39110 | ■ Add          |
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| E. Effective date, if other that (If an effective date is listed, the da Note: If the date inserted in the document's effective date on | te must be specific and<br>his block does not m | cannot be prior to<br>seet the applicab | date of filing or more t<br>le statutory filing re- | (optional)<br>han 90 days after filing.) Po<br>quirements, this date wi | ursuant to 605,0207 (3)<br>Il not be listed as the |
| (f the record specifies a de<br>(b) The 90th day after the  |   | late, but not a                         | an effective time                                   | e, at 12:01 a.m. on   | the earlier of:                                    |
| Dated March 26  | ,   | 2019                                    |   |   |  |
|   | Mid Marie of a n                                |   | - C   | munha   | <u> </u>   |
| Colin Kennedy   | Signature (7) a n                               | removi or august                        | sea representative Or a                             | ing into:   |  |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00