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Registration Section Division of Corporations

Tallahassee, FL 32314

FAF Holdings, LLC UBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Eleanor Franke Name of Person FAF Holdings, LLC Firm/Company 3031 North Ocean Boulevard, Apt. 407 Address Fort Lauderdale, FL 33308 City/State and Zip Code cofranke@gmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: anor Franke 314 412-9134 Name of Person losed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & **\$60.00** Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAF Holdings, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) lability Company)	
Articles of Organization for this Limited Liability Company	were filed on February 18, 2019	and assigned
rida document number		
s amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	lity company here:	
new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
er new principal offices address, if applicable:		
ncipal office address MUST BE A STREET ADDRESS)		
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er new mailing address, if applicable:		23
uiling address MAY BE A POST OFFICE BOX)		<u>m</u> e-
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If amending the registered agent and/or registered office a	ddress on our records, enter the na	
nt and/or the new registered office address here:		
Name of New Projectored Asserts		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin Code

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and upt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added removed from our records:

1GR = Manager .MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
иGR	Stephen Webber	3031 North Ocean Boulevard, Apt. 407	
		Fort Lauderdale, FL 33308	
			=Remove
			Change
ивr	Stephen Webber	3031 North Ocean Boulevard, Apt. 407	Change
			□Add
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ctive date, if other than the effective date is listed, the date must	ate of filing: be specific and cannot	t be prior to date	of filing or more tha	(optional n 90 days after filing) 2.) Pursuant to 605.0207
e: If the date inserted in this blo iment's effective date on the De	ck does not meet in	ie applicable sti	ntutory filing requ	irements, this date	will not be listed as
	And the state of the state of	records.			
cord specifies a delayed effective filed.	date, but not an eff	ective time, at	12:01 a.m. on the	earlier of: (b) T	he 90th day after the
December 20	202	20			
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	ignature of a member	r or authorized re	presentative of a m	ember	·····

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