L19 0000 75974

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SECONDART OF SECOND

COVER LETTER

Division of Corpo	rations		
SUBJECT: S	amofaeth LL Name of Limi	. (
_	Name of Limi	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Ryan A	. Abram S Esq.	
	Abrams L	Firm/Company	
	888 SE 3	and Ave Suste	400
		1.55.	
	BabramsOc	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	
	cerning this matter, please ca	all:	
Ryan Abro	erson	at (954) Area Code Daytin	- 2359 ne Telephone Number
Enclosed is a check for the	following amount:		
C 525.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Samofaeth L	LC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L190000 7597</u>	were filed on 03/18/2019 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	_	,
Faeth LLC The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable:	N/A	ζ
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	_
	<u> </u>	2020 HAY 1 AM ID: CO
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registere	<u>d</u>
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	?

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>	Name	Address	Type of Action
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_		(5m)
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Note: If	date, if other than the date of filing:	5.0207 (3)(b) ed as the
documen	e's effective date on the Department of State's records,	
	od specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earli Oth day after the record is filed.	er of:
Dated _	May 5 2020	
	2/ //www	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00