L19000118456

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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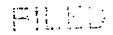
TO:	Registration Se Division of Cor						
21 IIS 11		ldings, LLC					
SUBJECT:Name of Limited Liability Company							
The en	sclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Blake Fenton					
		Fenton Holdings, LLC	Name of Person				
		90 Chanteclaire Cir	Firm/Company				
		Gulf Breeze, FL 32561	Address				
		dr.blakefenton@gmail.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	ication)			
For fu	rther information co	oncerning this matter, please ca	all:				
Blake	Fenton		970 986-9258 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check for th	ne following amount:					
■ \$2	5.00 Filing Fee	□ \$30.00 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:

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



Fenton Holdings, LLC		2013 KAY 31 P IF 04
(<u>Name of the Limited Liah</u> (A Flori	ility Company as it now appears on our reco da Limited Liability Company)	ords.
The Articles of Organization for this Limited Liability Florida document number L19000118456	Company were filed on May 1 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	Zip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hannelore J Fenton		Add
		90 Chanteclaire Cir	
		Gulf Breeze, FL 32561	■ Remove
			Change
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ective date, if other than neffective date is listed, the date te: If the date inserted in thi cument's effective date on the	must be specific and cannot s block does not meet the	applicable statutor	g or more than 90 days		
record specifies a dela The 90th day after the		out not an effect	ive time, at 12:0	01 a.m. on the earl	ier c
May 28	2019	9			
41					
The state of the s	- L	or authorized represen			

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Typed or printed name of signee

Filing Fee: \$25.00