## L19000129585

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## **COVER LETTER**

TO:

FO: Registration Se Division of Cor		
	TON & FAGAN INVESTME	NT LLC
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	INGRID FAGAN-DARLI	NGTON
		Name of Person
	DARLINGTON & FAGA	N INVESTMENT LLC
		Firm/Company
	6761 NW 189TH TER	
		Address
	HIALEAH, FL 33015	
		City/State and Zip Code
	E-mail address: (	to be used for future annual report notification)
For further information c	concerning this matter, please ca	
INGRID FAGAN-DAR	LINGTON	
	of Person	at ()
Enclosed is a check for t	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

New Registered Office Address:	Ельс ПІАLЕАН	er Florida street address Florida <sup>330</sup>	15
New Registered Office Address:	Ене	r Florida street address	
and the second s	Market Talan 1005 Car Freig		
	6761 NW 189TH TER		
Name of New Registered Agent:	FAGAN-DARLINGTON, I	NGRID	
gistered agent and/or the new registered o	<u>Mice address here</u> :		
. If amending the registered agent and		s on our records, enter t	he name of the
<u> 1ailing address MAY BE A POST OFFICE</u>	<u></u>		<del></del>
Inter new mailing address, if applicable:		75	<del>, &amp;</del>
ntor now mailing address if applicable		ت د مرد مر سرر	. ⊏ è: ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			2
Principal office address MUST BE A STREET ADDRESS)			F
nter new principal offices address, if applic			- 2 ::-
			3 3
te new name must be distinguishable and contain the v	vords "Limited Liability Company,"	the designation "LLC" or the abb	revi <b>ati</b> on "L.L.C."
. If amending name, <u>enter the new name o</u>	f the limited liability compa	<u>ny here</u> :	
nis amendment is submitted to amend the foll	_	_	
orida document number 1.19000129585			
ne Articles of Organization for this Limited L	iability Company were filed o	n 05/13/2019	and assigned
		• *	
(Name of the Linu)	ed Liability Company as it now a (A Florida Limited Liability Comp	any)	

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.

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
Pres	DARLINGTON, CHRISTOPHER	6761 NW 189TH TERR HIALEAU, FL 33015	
			■ Remove
			Change
	FAGAN-DARLINGTON, INGRID	6761 NW 189TH TERR HIALEAH, FL 33015	
			☐ Remove
			■ Change
			□ Remove
			☐ Change
<del></del>			
			☐ Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
			□ Add
		<u> </u>	☐ Remove
			☐ Change

. If amending any other informa	tion, enter change(s) here: (Attac	ch additional sheets, if necessary.)	
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl-document's effective date on the Di	t be specific and cannot be prior to date of ock does not meet the applicable statt	(optional) filling or more than 90 days after filling.) Pursuan utory filling requirements, this date will not	t to 605.0207 ( be listed as t
the record specifies a delayed The 90th day after the rec	effective date, but not an efford is filed.	fective time, at 12:01 a.m. on the	earlier of:
Dated November 7	2019		
Vactor	Signature of a member or authorized rep	presentative of a member	
INGRID FAGAN-DAR	LINGTON		
<del> </del>	Typed or printed name of	of signee	

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Filing Fee: \$25.00