

L19000182318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

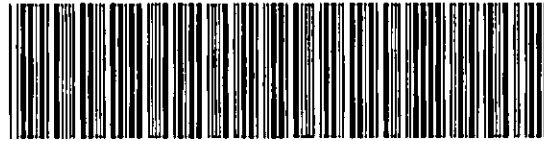
(Business Entity Name)

(Document Number)

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22 AUG 26 PM 3:58

DIVISION OF CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FAIRING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEJANDRO PICHARDO

Name of Person

ACCOUNTING CENTER OF ORLANDO LLC

Firm/Company

1706 E SEMORAN BLVD STE 103

Address

APOPKA FL 32703

City/State and Zip Code

APICHARDO@ACCOUNTINGORL.COM

E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS
CORPORATION

For further information concerning this matter, please call:

ALEJANDRO PICHARDO 407 574 - 7340

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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

FAIRING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/16/2019 and assigned
Florida document number L19000182318.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3036 JUNE BERRY TERRACE

OVIEDO, FL 32766

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3036 JUNE BERRY TERRACE

OVIEDO, FL 32766

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ACCOUNTING CENTER OF ORLANDO LLC

New Registered Office Address:

1706 E SEMORAN BLVD STE 103

Enter Florida street address

APOPKA

City

Florida 32703

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	VALENCIA, CHRISTINE	7208 HALF MOON LAKE DR	<input type="checkbox"/> Add
		WINTER GARDEN , FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VALENCIA, YEZID E	7208 HALF MOON LAKE DR	<input type="checkbox"/> Add
		WINTER GARDEN , FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OSORIO LACOURT AND ASSOC	3036 JUNE BERRY TERRACE	<input checked="" type="checkbox"/> Add
		OVIEDO, FL 32766	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF REGISTRATION
STATE OF FLORIDA

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DIVISION OF CORRECTIONS

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Javier Osorio
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00