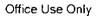
120000 112016

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

Registration Section Division of Corporations

TO:

FAH30A, I	.L.C				
SUBJECT:	Name of Lin	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:			
	Christic Montgomery				
		Name of Person			
	Farris Bobango PLC				
Firm/Company					
	999 S Shady Grove Rd. St	e 500			
		Address			
	Memphis, TN 38120				
		City/State and Zip Code			
	E mail addrage	to be used for future annual report noti	itientium		
		·	meation		
ror turtner intormation c	oncerning this matter, please c	ati:	<u></u> 3		
Christie Montgomery		901 259-7100 at ()			
Name of Person		Area Code Daytin	ne Telephone Number		
			Į.		
Enclosed is a check for the	he following amount:				
■ \$25.00 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		Street Address: Registration Sc	ection		
Division of Corporations		Division of Co	-		
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	l allahassee be Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAH30A, 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 4/24/2020 and assigned Florida document number L20000112016 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Cire

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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	BROOKE LEVY	6150 POPLAR AVE, STE 146	□Add
		MEMPHIS, TN 38119	■Remove
			□ Change
			□Add
			□Change
			□Add
			Remove
		-	□Change
			□ Λd d
			□Remove
		·	□Change
			□Add
		-	□Remove
			□Change
			□Add
			Remove
			Change

			-	
				
			- 10-	
			-	
ffective date, if other than to an effective date is listed, the date in this ocument's effective date on the	block does not meet the ar	pplicable statutory filing	(optional) re than 90 days after filing, requirements, this date) Pursuant to 605.0207 will not be listed as
record specifies a delayed effect is filed.	tive date, but not an effecti	ve time, at 12:01 a.m. o	n the earlier of: (b) Th	e 90th day after the
ated May 6	2020			
	 `	*		
	Signature of a member or	authorized representative c	of a member	

Filing Fee: \$25.00