# L20000264058

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Farahnek Horse Holdings, 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:
Sahand Faralmak Name of Person
Farahnak Horse Holdings, LLC Firm/Company
15870 Galgefield Road
Wellington, FL 33414 Only/State and Zip Code
Sam, farahnak @ gmail. Com  E-mail address: (to be used for future annual peport notification)
For further information concerning this matter, please call:
Sahand Farahnak at (203) 979-0167  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \text{Certified Copy} \\ \text{(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

Farahrak Horse Holdings LLC (Name of the Limited Liability Company ashyndw appears on our records.)	<del></del>
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $8/25/2$ Florida document number $2000264058$ .	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Farahnak Holdings, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	ir the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	1
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	9
Enter new mailing address, if applicable:	· ω - ω
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:	e name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Flori	ida
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

### New Registered Agent's Signature, it 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

1,1011		
AMBR =	<b>Authorized</b>	Member

<u>Title</u>	Name	Address	Type of Action
			\ \_Add
			□Remove
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ffective date is listed, the date must be specific and cannot be prior to de If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.	(optional) late of filing or more than 90 days after filing.) Pursuant to 60 e statutory filing requirements, this date will not be list
ecord specifies a delayed effective date, but not an e 90th day after the record is filed.  January 30	n effective time, at 12:01 a.m. on the ear
, 2021	
Signature of a member or authorize	ed representative of a member

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