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Office Use Only



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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
Fairview St	nores Property LLC		
<u></u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Khanitha Brink		
		Name of Person	
	Ajimasook Upholstery		
		Firm/Company	
	4479 Edgewater Drive		
		Address	
	Orlando, FL 32804		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Khanitha Brink		407 625-7519	
Name of Person		at () Area Code Daytii	me Telephone Number
		1:	
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[] \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		Street Address: Registration So	ection
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fairview Shores Property LLC	•	
( <u>Name of the Limited Liabi</u> (A Floric	tity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (	Company were filed on 11/20/2020	and assigned
Florida document number 1.20000364434		· •
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Lii	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
<u>Principal office address MUST BE A STREET ADD</u>	RESS)	
		2020
		· 0
Enter new mailing address, if applicable:		EC:
Mailing address MAY BE A POST OFFICE BOX)	19.	
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3. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records,	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
<u>·</u>		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, 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>	Address	Type of Action
MGR	Voravoot Ajimasook	4479 Edgewater Drive, Orlando, FL 32804	
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			□ Add
		·÷	□Remove
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			Remove

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ted December 10 2020	cord specifies a delayed filed.	refrective date, but no					
Klank	Stiled.	effective date, but no	2020	_·			

Filing Fee: \$25.00