L21000031808

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COVER LETTER

	egistration Scivision of Cor			
SUBJECT	FAUER24	1, LLC		
этлэгх, г		Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	rn all correspo	ondence concerning this matter	to the following:	
		JAROD FAUER		
Name of Person				
		FAUER241, LLC		
			Firm/Company	
		18440 NE 21ST AVE		
			Address	
		NORTH MIAMI BEACH	, FL 33179	
			City/State and Zip Code	
		djseleet305@gmail.com		W. 2000
For further	information co	e-mail address: (to be used for future annual report not all:	ification)
JAROD F.	AUER		786 586-3003	
	Name o	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00	Filing Fee	S30.00 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 Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAUER241, 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 01/14/2021 and assigned Florida document number | L21000031808 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 "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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
AMBR	FAUER, JAROD W.	18440 NE 21ST AVE	
		NORTH MIAMI BEACH, FL 33179	
			Change
AMBR	FAUER, LANCE M.	P.O. BOX 1755	□ Add
		HALLANDALE, FL 33008	□Remove
			= Change
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	ve date, if other than the date of filing:
record Listil	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 ed.
ated _	16 AUGUST 2021
	Signature of a member or authorized representative of a member
	JARÓD W. FAUER

Filing Fee: \$25.00