## 400361276254

(Re	questor's Name)	
(Ad	ldress)	
·	•	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	≘ #j
PICK-UP	■ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		1
		1

Office Use Only



500362891765

03/29/2i--01037--019 \*\*25.00



SII812021

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	CCT:	Name of Limit	SWORTH LL	
The end	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	adence concerning this matter	to the following:	
		- Tan my	SARRO Name of Person	
		M.J. FAR	NSWORTH (	
		311 5	D'. Y'E LUC Address	
		<u>Titus</u>	City/State and Zip Code $40000862$	1 )
For fur	ther information co	E-mail address: (oncerning this matter, please ca	to be used for future annual report no	ification)
	T9M N Name of	Person	at ( Area Code ) Daytin	4 14 0 7 ne Telephone Number
Enclos	ed is a check for the	e following amount:		
Ø \$2	5,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy Stadditional copy is Selosed)
	Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	rporations — 5 Tallahassee 5 De Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)			
·				
The Articles of Organization for this Limited Liability Company	y were filed on and assigned			
Florida document number <u>40036127</u> 6	254			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
M > FARNSWORTH				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "LLC."			
Enter new principal offices address, if applicable:	Alexandra SARVO			
(Principal office address MUST BE A STREET ADDRESS)	311 S Divie Au			
	Titusuille F1 32796			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered			
Name of New Registered Agent: ALLY	-andla SARALO			
New Registered Office Address: 3()	S Dific Aug			
	Enter Florida street address			
+1+25	V.Ue Florida 3279 F			
New Registered Agent's Signature, if changing Registered Agent	• •			
	ree to act in this capacity. I finther agree to comply with the			
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. B. if this document is			
being filed to merely reflect a change in the registered office company has been notified in writing of this change	e dadress, t hereby confirm that the timiled habitity			
	// · · · · ·			

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
Myr	Alexandet Steno	311 S Dixel Aug	Add
J		311 S Dixel Aug Titus usur P1 32796	2 □Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			🗆 Change
			□ Add
			Remove
		MAR 29	□Remove
		A 1:56	_ □Add • • • • • • • • • • • • • • • • • • •
		<del></del>	□Change
			🗆 Add
			□Remove
			□Change

	•	<del>.</del>			
			_	<del></del>	
·					
	··· <u>-</u> ·				
-	·• · · · ·				
	<u>.</u>	<del></del>			
		<u></u>			
-					
	<del>_</del>	<del></del> -	<del></del> -	<del></del>	
					Ø.
				2021	₹∌
	<del></del>		<u>.</u>	MAR	17
				IA 2	
fective date, if other than the date of filing an effective date is listed, the date must be specific and	annot ha mianta data at	60	(option	al) -0	
ote: If the date inserted in this block does not me	eet the applicable state	atory filing requirem	cays aner in ents, this d	late Will not	it to 605,020 ibc listed a
ocument's effective date on the Department of St	ate's records.		.*·	7.7	$\bigcirc$
			<b>:</b> •	56	
record specifies a delayed effective date, but not a is filed.	an effective time, at 12	2:01 a.m. on the earl	ier of: (b)	The 90th d	ay after the
ated_3-25-31					
neu ,	· ·				
Signature La m	ember of authorized rep	resentative of a member	:r	-	<del></del> -