

# L21000367325

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

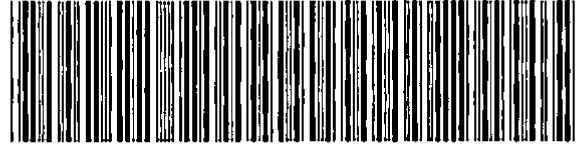
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

2021 SEP -7 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2021 SEP -7 PM 3:18

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 09/07/2021

**\*\*WALK IN\*\***

ENTITY NAME OurFairytaleHomes.com LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

*S. R. F/M*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

OurFairytaleHomes.com 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 08/16/2021 and assigned  
Florida document number L21000367325.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2182 Brillante Dr

St. Cloud, FL 34771

Osceola County US

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2182 Brillante Dr

St. Cloud, FL 34771

Osceola County US

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

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 add or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Cody Schouten	2182 Brillante Dr	<input type="checkbox"/> Add
		St. Cloud, FL 34771	<input type="checkbox"/> Remove
		Osceola County US	<input checked="" type="checkbox"/> Change
AMBR	Amber Schouten	2182 Brillante Dr	<input type="checkbox"/> Add
		St. Cloud, FL 34771	<input type="checkbox"/> Remove
		Osceola County US	<input checked="" type="checkbox"/> Change
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2020 SEP 17 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

2021 SEP -7 AM 8:51  
SECRETARY OF STATE  
ITALIAN/SECRET

SECRETARIAT OF STATE  
ITALY AMEMBASSY

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated September 07, 2021

Is/ Cody Schouten  
Signature of a member or authorized representative of a member

Cody Schouten

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Typed or printed name of signer

**Filing Fee: \$25.00**