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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

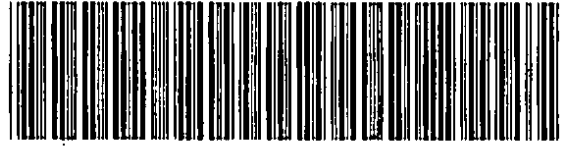
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2021 NOV 29 AM 10:01
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FADA ASSET MANAGEMENT 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:

Fara - Ann Williams

Name of Person

Firm/Company

8440 NW 26th Place

Address

Sunrise FL 33322

City/State and Zip Code

Karlandfara2020@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fara - Ann Williams

Name of Person

at (954)

Area Code

645-7719

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 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
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**

FADA ASSET MANAGEMENT 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 10/22/2021 and assigned Florida document number L21000460698

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)

8440 NW 26th Place
Surprise FL 33322

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:

Karl Williams

New Registered Office Address:

8440 NW 26th Place

Enter Florida street address

Surprise

City

Florida

2021 NOV 29
33322
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.

K. Williams

If Changing Registered Agent, Signature of New Registered Agent

11. 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Karl Williams	8440 NW 26 th Place	<input checked="" type="checkbox"/> Add
		Sunrise FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Fara-Ann Williams	8440 NW 26 th Place	<input type="checkbox"/> Add
		Sunrise FL 33322	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Karl Williams	8440 NW 26 th Place	<input checked="" type="checkbox"/> Add
		Sunrise FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Fara-Ann Williams	8440 NW 26 th Place	<input checked="" type="checkbox"/> Add
		Sunrise FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

PLUCK

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 8th, 2021

K. Williams

Signature of a member or authorized representative of a member

Karl Williams

Typed or printed name of signee