

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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ELORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:____

	0030640 (
(Business Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (please stamp each p	age)
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. Officer/DirectChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

FARIS TEAM REALTY, LLC L220	00030640
(Business Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (please stamp each	page)
Certificate of Status	
NEW FILINGS	AMMENDMENTS
Profit	X Amendment
Not for Profit	Resignation of R.A. Officer/Dire
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
<u> </u>	Limited Partnership
Fictitious Name	Reinstatement
APOSTIL ()	Other
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Divis	ion of Corp	orations		
	FARIS TEA	M REALTY, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return a	ıll correspon	dence concerning this matter	Name of Person A Firm/Company aite 403 Address Address Address Address: (4) City/State and Zip Code m Iress: (to be used for future annual report notification) case call:	
		Daniel M. Landis		
			Name of Person	<u>,</u>
		Tedesco & Landis, PA		
			Firm/Company	
		7777 Glades Road Suite 40	03	
			Address	
		Boca Raton, FL 33434		
			City/State and Zip Code	
		dan@landislawycr.com		
		E-mail address: (to be used for future annual report no	tification)
For further inf	ormation co	ncerning this matter, please ca	all:	
Daniel Landis				
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a c	heck for the	following amount:		
≣ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	ng Address: stration Se			ection
		rporations	_	
	Box 6327			-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{1}{2}$	/14/2022	and assigned
Florida document number L22000030640		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>here</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	21.5.1 	<u> </u>
	·	-3 ;
		<u>ත</u>
Saturation address if applicable:		
Enter new mailing address, if applicable:		· ·
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name o	f the new regi
Name of New Registered Agent:		
New Registered Office Address: Enter F	Florida street address	
	, Florida	
Cin	, x Rolloa	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 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>	Name	Address	Type of Action
MGR	Dawn Wheldon	327 Granby Road Lake Forest, IL 60045	≅ Add
			□ Петоче
			Change
		:	20 Add
			Remove
			Change
			 □Add
			□Remove
			□ Change
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ective date, if other than effective date is listed, the date e: If the date inserted in thi	must be specific ar	id cannot be prior	to date of filing or	more than 90 days	optional) after filing.) F	Pursuant to 605.02
e: If the date inserted in this ument's effective date on the	e Department of	State's records.	ible statutory to	mg requirements	, una cure v	
cord specifies a delayed effo s filed.	ective date, but no	nt an effective ti	me, at 12:01 a.n	n, on the earlier o	f: (b) The	90th day after tl
March 15		2022				
cu						