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T. MATTHEWS FEB 28 2022

COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

FARRING SUBJECT:	FON 3910 SW 25TH PLACE	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Juan J. Piles, Esquire		
		Name of Person	
	JUAN J. PILES, ESQUIRI	E	
		Firm/Company	
	4905 Chiquita Blvd. South	. Suite 103	
	-	Address	
	Cape Coral, Florida 33914		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
Juan	J filo	at (_237_)443	- 5960
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	rporations
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FARRINGTON 3910 SW 25TH PLACE LLC

22 FE: 17 fli 3: 50

(Name of the Limited Liability Con (A Florida Limit	upany as it now appears on our red Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa Florida document number 1.22000061260	any were filed on February 4.	2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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)		
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:	ce address on our records, <u>e</u>	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street a	uddress
		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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Steven A. Farrington	1308 SW 7TH COURT	■Add
		CAPE CORAL, FL 33991	□Remove
MGR	Shantie Farrington	1308 SW 7TH COURT	
		CAPE CORAL. FL 33991	■Remove
			[]Change
		·	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Signature of a member or authorized representative of a member	ed February 16	2022	
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		Typed or printed name of signee	