# L22000345011

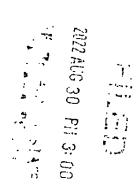
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# **COVER LETTER**

TO:

Registration Section

Division of Co	rporations		
Mayfair M	anor LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Robert J. Kanjian		
	——————		
		Name of Person	
	Law Office of Robert J. K	anjian	
		Firm/Company	<del></del>
	701 Northpoint Pkwy, Sui	te 150	
		Address	<del></del>
	West Palm Beach, FL 334	07	
	<del></del>	City/State and Zip Code	<del></del>
	janewareham@icloud.com		
	E-mail address: (	to be used for future annual report not	tification)
For further information of	concerning this matter, please c	all:	
Robert Kanjian		561 723-8069	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he 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		Street Address:	vation
Registration ! Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mayfair Manor LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited I.	Jability Company)	1 1 Co
The Articles of Organization for this Limited Liability Company	were filed on 8/5/2022	and assigned
Florida document number 1.22000345011		
the Articles of Organization for this Limited Liability Company were filed on     1.22000345011		
A. If amending name, enter the new name of the limited liab	of Organization for this Limited Liability Company were filed on 8/5/2022  and 88 igned ment number L22000345011  ment is submitted to amend the following:  ling name, enter the new name of the limited liability company here:  Farms LLC  must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  rincipal offices address, if applicable:  Mice address MUST BE A STREET ADDRESS)  mailing address, if applicable:  Mress MAY BE A POST OFFICE BOX)  ing the registered agent and/or registered office address on our records, enter the name of the new registered of the new registered office address here:  me of New Registered Agent:  ve Registered Office Address:	
Knightsbridge Farms LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 applicables		
Maning dadress MAT BE ATOST OFFICE BOAT		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter tl</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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
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		<del></del>	Remove
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Effective date, if other the state of the st	nan the date of filing: date must be specific and cannot be prior t	o date of filing or more than 90 days a	ptional) ifter filing.) Pursuant to 605.01	207
Note: If the date inserted i	n this block does not meet the applica on the Department of State's records.	ble statutory filing requirements.	this date will not be listed	las
e record specifies a delayed	effective date, but not an effective tin	ne, at 12:01 a.m. on the earlier of	(b) The 90th day after ti	.he
rd is filed.				
rd is filed.  Dated August 25	2022			

Filing Fee: \$25.00

Typed or printed name of signee