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COVER LETTER

Registration Section Division of Corporations

TO:

UBJECT: Faircloth Fabrication and Repair ((C) Name of Limited Liability Company
the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following:
Perry Fairdoth Name of Person
Faircloth Fabrication and Repair LLC
SSOIS Lana Rd Address
Volce F1 32097 City/State and Zip Code
E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:
Area Code Daytime Telephone Number
nclosed is a check for the following amount: \$\int \mathbb{Z}25.00\$ Filing Fee \$\int \mathbb{S}30.00\$ Filing Fee & \$\int \mathbb{S}55.00\$ Filing Fee & \$\int \mathbb{C}\$ Certificate of Status \$\int \mathbb{C}\$ Certificate of Status & \$\int
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fourdoth Fab	rication and Repair LLC
(<u>Name of the Limit</u>	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li	iability Company were filed on 3/1/33 (5/8/33) and assigned
Florida document number <u>L 23 0 00 2 (</u>	
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office address on our records, <u>enter the name of the new registere</u> ss here:
Name of New Registered Agent:	Perry E Faircloth
New Registered Office Address:	85715 Lana Rd Enter Florida street address
	Vole Slorida 32097 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.

f Changing Registered Agent, Signature of New Registered Agen

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>	Address	Type of Action
AP	Fourdoth Amber M	85715 Lana Rd	
		Mer fl 33097	Zi Remove
		 	□Change
MBR AP	Faircloth Pary E	85715 Cara Rol	MAD
		85715 Cara Rol Yule F1 32097	Remove
			□ Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
* Derry Faircloth is Gwner/manager, Amber
* Derry Faircloth is Gwner/manager, Amber Faircloth was/is only listed to help w/banking in
case of emerganis.
COSC. Or Charagory
E. Effective date, if other than the date of filing: \(\frac{\fra
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 May 9th Aml Revery Scalott, Signature of a member or puthorized representative of a member
Amber M Faircloth Peny & Faircloth Typeg or printed name of signee