124000281975

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TO: Registration Se Division of Cor			
SUBJECT: FAROUT	AGENCY LLC		
SUBJECT:		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:	
	Conner Sherman		
		Name of Person	
	LLC		
	,	Firm/Company	
	3436 Hoofprint Drive		
		Address	
	Melbourne FL 32940		
		City/State and Zip Code	
	hello@faroutagency.co	orn to be used for future annual report notification)	
For further information c	oncerning this matter, please co	•	
Connor Sherman		at (740)827-0465	
Name o	f Person	Area Code Daytime 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 & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	CONTAIN TAIS
Mailing Addres		Street Address:	AMII: 27
Registration S		Registration Section Division of Corporations	ST.
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	一計

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAROUT AGENCY LLC						
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears on our rec Liability Company)	ords.)			
The Articles of Organization for this Limited Limited Limited Limited Limited document number L24000281975	ability Company	were filed on 06/21/2024	and assigned			
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	sility company here:				
N/A						
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "I	J.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applica	able:	N/A				
(Principal office address MUST BE A STREE	T ADDRESS)					
Enter new mailing address, if applicable:		N/A				
(Mailing address MAY BE A POST OFFICE I	POY)		Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
muung uuuress MAT BE AT 051 OF FICE I	<u>DOM</u>					
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	•	address on our records, <u>en</u>	ter the name of the new registered			
New Registered Office Address:	N/A		 			
		Enter Florida street ado	res -			
		City	Florida Zid Code 2			
New Registered Agent's Signature, if changing R						
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this content.	er and complete stered agent as registered office	e performance of my duties, provided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is			

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
AMBR	Connor Sherman	3436 Hoofprint Drive Melbourne FL 32940	☑Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□ Remove
			□Change
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□Remove

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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and does not me	cannot be pri- eet the appl	or to date of I ica ble statu	filing or more tory filing re	than 90 days at	otional) ther filing.) P this date wi	ursuant to 6 Il not be li	05.0207 (3 ist ed as th
e record specifies a delayed effective d	ite, but not a	an effective	time, at 12:	01 a.m. on t	he earlier of:	(b) The 9		
							SEC TA	2024 JUL 11
Dated June 25	······································	2024	 ·					Ē
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/		_					So~<	
	nature of a m	ember or au	thorized repr	esentative of a	member		22	AH 11: 27

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Filing Fee: \$25.00