

9/25/2024 5:03PM

Division of Corporations

11-3286

L240003261813552

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : RABIDEAU KLEIN
Account Number : 120200000035
Phone : (561)655-6221
Fax Number : (561)655-3221

FILED
SEP 30 2024
TALLAHASSEE, FL
11:39 AM

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: GRABIDEAU@RABIDEAUKLEIN.COM

RECEIVED
2024 SEP 30 AM 9:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
3121 FAIRLANE FARMS 8, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

R. HUNT
09/30/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3121 FAIRLANE FARMS S, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUY RABIDEAU
Name of Person
RABIDEAU KLEIN
Firm/Company
440 ROYAL PALM WAY, SUITE 101
Address
PALM BEACH, FL 33480
City/State and Zip Code
GRABIDEAU@RABIDEAUKLEIN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARRETT ELLIS
Name of Person
561 655-6221
at () Daytime Telephone Number

Enclosed is a check for the 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3121 FAIRLANE FARMS 8, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/20/2024 and assigned
Florida document number L24000408557.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Type of Action</u>
MGR	WILLIAM K. TOMITA	3121 FAIRLINE FARMS ROAD, SUITE 8	<input type="checkbox"/> Add
		WELLINGTON, FL 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 3000 BOULEVARD
 SUITE 100
 JACKSONVILLE, FL 32202
 904 386 3889

2007-11-19 PM 3:39
SEE FILE

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 25

2024

Signature of a member or authorized representative of a member

GARRETT ELLIS

Typed or printed name of signer

Filing Fee: \$25.00