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COVER LETTER

TO: Registration Sec Division of Corp	orations		
SUBJECT: Far	-pasway	, LLC	•
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter		
	Claud	Name of Person	er
	Luso To	Name of Person AX Service	S, LLC
		Firm/Company	
	4721 E	Moody Blue	d #505
		Address	SE SE
	Bunnell	FL 32110 City/State and Zip Code Services Dgr	TALL FEB -
	1 55-60	City/State and Zip Code	
	Fi mail addrage: (1	to be used for future annual report notif	Testion 25
For further information co	neerning this matter, please or		mail.com
Claudia S	Echiller	m(617) 909	- 130D
Name of	••••	Area Code Daytime	: Telephone Number
Enclosed is a check for the	2 following amount:		
S25.00 Filing Fee	S30.00 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 S		Street Address: Registration Sec	ction
Division of Co	orporations	Division of Cor	porations
P.O. Box 6327 Tallahassee F		The Centre of T	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAR PASWAY L (Name of the Limited Liability Compa (A Florida Limited)	LC
(Name of the Limited Liability Compa (A Florida Limited)	iny <u>as it now appears on our records.</u>) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L240005119</u> 50	were filed on 12/10/24 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	4721 E Moody Blyd #505
Enter new mailing address, if applicable:	Bunnell FL 32110
(Mailing address MAY BE A POST OFFICE BOX)	- 22 ω
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: WellS	sa Femandes
New Registered Office Address: 4721	E MOODY #505 Enter Florida street address
Bung	7e11 Florida 32110 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>		Type of Action
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fective date, if other than the date of filing: 130/2005 (optional) in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605/020 over: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. cument's effective date on the Department of State's records. 30 2025 30 2025 What is filed.			<u></u>		_		<u></u>	
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$\check{\hspace{1cm}}$		1	Signature of a mo	ember or author	ized representati	ve of a member	<u>-</u>	

Filing Fee: \$25.00