

M070000000346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

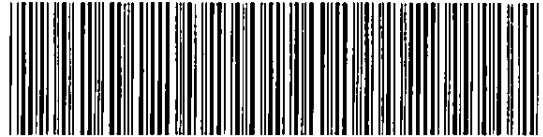
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
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STANDARD

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**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 07/12/2024

Acc#I20160000072

*en: c JSH*

|             |                    |
|-------------|--------------------|
| Name:       | FAIRFIELD FMC, LLC |
| Document #: |                    |
| Order #:    | 15763721           |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
|                                   |                          | Number of Certs:        |  |

|   |  |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
|   | Plain: <input type="checkbox"/>                |
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Email Address for Annual Report Notifications:

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|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ **55.00**

Thank you!

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: FAIRFIELD FMC, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M07000000346

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 01/19/2007

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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*

\_\_\_\_\_, Florida

*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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u>         | <u>Name</u>                | <u>Address</u>                                 | <u>Type of Action</u>                   |
|--------------------------------|----------------------------|--|---|
| <u>P/MGR</u>                   | <u>William P. Brown</u>    | <u>7750 Wisconsin Ave., Bethesda, MD 20814</u> | <input checked="" type="checkbox"/> Add |
|                                |                            |  | <input type="checkbox"/> Remove         |
| <u>VP/Asst. Secy./<br/>MGR</u> | <u>Margery A. Breneman</u> | <u>7750 Wisconsin Ave., Bethesda, MD 20814</u> | <input checked="" type="checkbox"/> Add |
|                                |                            |  | <input type="checkbox"/> Remove         |
| <u>VP/Asst. Secy.</u>          | <u>Sonia H. Greene</u>     | <u>7750 Wisconsin Ave., Bethesda, MD 20814</u> | <input checked="" type="checkbox"/> Add |
|                                |                            |  | <input type="checkbox"/> Remove         |
| <u>Asst. Secy.</u>             | <u>Jeremy K. Odone</u>     | <u>7750 Wisconsin Ave., Bethesda, MD 20814</u> | <input checked="" type="checkbox"/> Add |
|                                |                            |  | <input type="checkbox"/> Remove         |
| <u>Secy.</u>                   | <u>Andrew P.C. Wright</u>  | <u>7750 Wisconsin Ave., Bethesda, MD 20814</u> | <input checked="" type="checkbox"/> Add |
|                                |                            |  | <input type="checkbox"/> Remove         |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Sonia H. Greene  
Signature of the authorized representative

Sonia H. Greene  
Typed or printed name of signer

Filing Fee: \$25.00

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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## **Fairfield FMC, LLC**

### **Remove:**

Title Manager, Assistant Secretary, VP  
Breneman, Margery  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title Manager, President, VP  
Brown, William P.  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title Manager, Assistant Secretary, VP  
Ingalls, Dorothy M.  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title Manager, VP  
Read, Cameron  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title Assistant Secretary  
Carrick, Stephanie  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title VP, Assistant Secretary  
Cullen, Michael E.  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title Assistant Secretary, VP  
Greene, Sonia H.  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title Assistant Secretary, VP  
Valenti, Patrick  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title Assistant Secretary  
Bleakley, Courtney  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title Assistant Secretary  
Gould, Kimberly  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title Assistant Secretary, VP  
London, Annette  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title Assistant Secretary  
Mastrapa, Hector  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title Assistant Secretary  
Ordone, Jeremy  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title Secretary, VP  
Wright, Andrew P.C.  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title Treasurer  
Mason, Jennifer C.  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title VP  
Boardman, David  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title VP  
Grant, Roy T.  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title VP  
McKinney, James O.  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title VP  
Molinary, Robert  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title VP  
Reiss, Rena Hozore  
7750 Wisconsin Avenue  
Bethesda, MD 20814

Title VP  
Sherer, Adam K.

7750 Wisconsin Avenue  
Bethesda, MD 20814

Title VP  
Silverman, Noah J.  
7750 Wisconsin Avenue  
Bethesda, MD 20814

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA