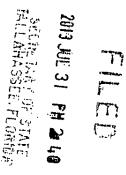
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(Requestor's Name)
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COVER LETTER

TO:	Registration Section
	Division of Corporation

852 First 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:

David Goduti

Name of Person

Firm/Company

9180 Galleria Court, Suite 600

Address

Naples, FL 34109

City/State and Zip Code

accounting@300rent.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Austin McCauley

Name of Person

Area Code & 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on o imited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Co Florida document number L13000039718	ompany were filed on 3/15/20 	013	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," t	he designation "LLC	" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
		2	<u> </u>
Enter new mailing address, if applicable:		AHA:	
(Mailing address MAY BE A POST OFFICE BOX)		(1) c	*
		ريتر	
B. If amending the registered agent and/or regist		ecords, enter the	name of the ne
registered agent and/or the new registered office add	ress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fi	lorida street addre:	5.5
		, Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

852 First LLC

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Family Asset Managers LLC	9180 Galleria Court, Suite 600	Add
		Naples, FL 34109	Remove
MGR	Blueprint Sarasota LLC	9180 Galleria Court, Suite 600	Add
		Naples, FL 34109	Remove
MGR	Perez Castro Delgado Enterprises, Ltd.	13675 Vanderbilt Drive, # 506	Add
		Naples, FL 34110	Remove
			Zee See See See See See See See See See
		55 50 50 50 50 50 50 50 50 50 50 50 50 5	Remoye
		· <u>·</u>	Add
			Remove
			Add
			Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·
June 18th 2013
1/And frakts
Signature of a member or authorized representative of a member
David Goduti
Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

