117000027681

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200300708312

06/28/17--01015--012 **25.00

SECRE LARY OF STATE FALLAHASSEE, FLORIDA

S. WARREN
'JUL 0 3 2017

COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT: C.P.		<u> </u>	
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	•
	- raor per	Name of Person	
		Firm/Company	
	17 Post P	Loyal Drive Address	
	Palm Con	Address St PL 32164 City/State and Zip Code OQ @ G Mail. Com to be used for future annual report notifi	
	E-mail address: (o Q @ g mail. Co m	ication)
For further information co	ncerning this matter, please ca		
Paul F. Buth	rewicz Person	at (904) 452 6 Area Code Daytime	Z \\\\ Telephone Number
Enclosed is a check for the	e 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 Compa	any as it now appears on our records.) Liability Company)
(A Florida Limited I	Lability Company)
The Articles of Organization for this Limited Liability Company	were filed on Feb 3, 2017 and assigned
Florida document number L 1700027681.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ollity company here:
First Coast Property Mainter The new name must be distinguishable and contain the words "Limited Liabi	lity Compan," the designation "L.L.C."
Enter new principal offices address, if applicable:	17 Post Royal Or.
(Principal office address MUST BE A STREET ADDRESS)	Palm Const, FL 32164
	17 Park R VI D
Enter new mailing address, if applicable:	Dis Cost El 221/4
(Mailing address MAY BE A POST OFFICE BOX)	rain coast, PL 32167
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the n e:
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	Enter Florida street address , Florida

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 Register

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

<u>Title</u>	Name	Address	Type of Action
			□ Remove
		-	☐ Change
	·	-	□ Remove
		-	☐ Change
			☐ Remove
			☐ Change
<u> </u>			Add
			☐ Remove
····			Add
			Ramove 7
			7 JUMANSSEE
			DF SIA D SAmove
			□ Change

	,			
	<u> </u>			
<u> </u>				·· ·
···				
 				
				·
			····	
				·
ffective date, if other	than the date of filing: _he date must be specific and can in this block does not mee e on the Department of State	a use applicable statutory it	more than 90 days after filling requirements, this d	ral) ling.) Pursuant to 605.020 late will not be listed as
ote. If the tale miseries				
e record specifies a	delayed effective date the record is filed.	e, but not an effective	e time, at 12:01 a.ı	m. on the earlier o
e record specifies a The 90th day after	the record is filed.		e time, at 12:01 a.ı	m. on the earlier o
e record specifies a The 90th day after	the record is filed.	2017.		m. on the earlier o
e record specifies a The 90th day after	the record is filed. 26+ , Z Signature of Janear			TALL AH
ocument's effective date	the record is filed. 26+1, 2 26+1, 3 Signature of John Control	2017. There or authorized representation	ve of a member	FIL 17 JUN 28 SELECTARI FALL AHASSI
e record specifies a The 90th day after	the record is filed. 26+1, 2 26+1, 3 Signature of John Control	2017.	ve of a member	TALL AH

Filing Fee: \$25.00