

L19000014/30

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

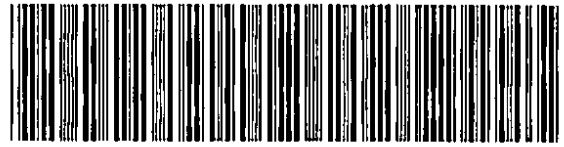
(Business Entity Name)

(Document Number)

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03/01/19--01012--010 **25.00

FILED
2019 MAR -1 PM 5:22
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

R. WHITE

MAR 08 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1st GEN LANDTRUST, 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:

Irwin Cincus & Cathia Joseph
Name of Person

Firm/Company

P.O. Box 25865
Address

Tamarac, FL 33320
City/State and Zip Code

1stGENLANDTRUST@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathia Joseph at (954) 465-9070
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**

FILED

1st GEN LAND TRUST, LLC

2019 MAR -1 PM 5: 22

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

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on Jan. 11, 2019 and assigned Florida document number 619000014130

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:

7875 N.W. 57th Street

Enter Florida street address

Tamarac

City

Florida

33351

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

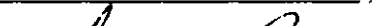
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Irwin Caneus</u>	<u>7875 N.W. 57th Street</u>	<input type="checkbox"/> Add
		<u>Tamarac, FL 33351</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Cathia Joseph</u>	<u>7875 N.W. 57th Street</u>	<input type="checkbox"/> Add
		<u>Tamarac, FL 33351</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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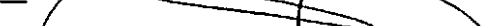
[illegible]

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 _____, _____



Signature of a member or authorized representative of a member



Signature of a member or authorized representative of a member

Irwin Cineus

Typed or printed name of signer

Cathia Joseph

Typed or printed name of signer