## L19000182646

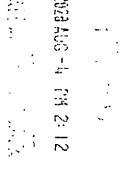
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

FIRST GET SUBJECT:	NERATION AMERICAN CO	NSULTING LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Juan J. Perez			
		Name of Person		-
	J. Perez Legal PA			
		Firm/Company		-
	9710 Stirling Rd #104-105			26/18 AUG
		Address	e ·	
	Cooper City, Florida 3302	4	:	3-4, FH 2:12
		City/State and Zip Code		T <u>P</u>
	jperez@jjplegal.com			زن
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		>
Juan J. Perez		954 450-2585 at()		
Name o	f Person	Area Code Daytin	ne Telephone Number	r
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Address Registration 1 Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee	
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 8	STU

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FIRST GENERATION AMERICAN CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/16/2019 and assigned Florida document number  $\frac{L19000182646}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: First Generation American Consulting and Faith Filled Services LLC 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: Enter Florida street address

## 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>	Name	<u>Address</u>	Type of Action
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			□Remove
			Change
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Filing Fee: \$25.00