

L12000071722

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FALL MICHIGAN CO. CO.

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: September First Partners - Florida, 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:

Joshua K. Martin
Name of Person
Eavenson, Fraser & Lunsford, PLLC
Firm/Company
960185 Gateway Boulevard, Suite 201
Address
Fernandina Beach, Florida 32034
City/State and Zip Code
josh@efli.law
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Joshua K. Martin at (904) 432-8333
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

September First Partners - Florida, 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 May 29, 2012 and assigned Florida document number L12000071722.

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)

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MAY 29 2012
TALLAHASSEE, FLORIDA

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

_____, **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

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>
MGRM	Gordon J. O'Brien Family Tr. DTD	957 Bellview Road	<input type="checkbox"/> Add
		McLean, VA 22102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Jill Marcel Detemple Family Tr. DTD	957 Bellview Road	<input type="checkbox"/> Add
		McLean, VA 22102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gordon J. O'Brien	957 Bellview Road	<input checked="" type="checkbox"/> Add
		McLean, VA 22102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jill Marcel Detemple	957 Bellview Road	<input checked="" type="checkbox"/> Add
		McLean, VA 22102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 JILL MARCEL DETEMPLE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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STATE ARCHIVES
MASSACHUSETTS

E. Effective date, if other than the date of filing: December 22, 2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 22 2022

Signature of a member or authorized representative of a member

Gordon J. O'Brien, Trustee, Gordon J. O'Brien Family Tr. DTD 2-14-03, Managing Member

Typed or printed name of signee