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TO:

Registration Section

Division of Corporations Liberty Underwriting, LLC SUBJECT: _ 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: Chris Pernicano Name of Person Northeast First Financial Firm/Company 1138 S. Rio Vista Blvd. Address Fort Lauderdale, FL 33316 City/State and Zip Code chris@nefirstfin.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 816-6372 Chris Pernicano Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed). (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



Liberty Underwriting

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

(7.116)	rida Emilied Edwiniy Company	
The Articles of Organization for this Limited Liability	Company were filed on 08/30/2004	and assigned
Florida document number <u>L04000065039</u>		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Northeast First Financial, LLC		
The new name must be distinguishable and contain the words "L	limited Liability Company," the designation "LLG	
Enter new principal offices address, if applicable:		2022
(Principal office <u>ad</u> dress MUST BE <u>A STREE</u> T ADI	DRESS)	75 (2) (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
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		A # 00
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7 -
B. If amending the registered agent and/or register agent and/or the new registered office address here		r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	288
New Registered Office Address:		lorida

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th 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 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	Address	Type of Action
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an effective date is listed.	er than the date of fi , the date must be specific ed in this block does n	c and cannot be prior	to date of filing or n	iore than 90 days after	filing.) Pursuant	to 605.020 be listed a
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	Signatur	of a member or autho	rized representative	of a member		_