## #20500027505

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | Idress)            |             |
| (Aa                     | ldress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
|                         | ₩AIT               |             |
| ☐ PICK-UP               | ☐ WAII             | MAIL        |
| (Bu                     | rsiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
|                         |                    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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SLANCIARY OF STATE

AND ANASSEE FLORID.

K. SALY EXAMINER JAN 21 2011

## **COVER LETTER**

| TO:                    | Registration Sec<br>Division of Corp  | tion<br>orations                           |   |  |
|------------------------|---|--|---|--|
|                        |   |  | Investments LLC   |  |
|                        |   |  | ted Liability Company   |  |
| The end                | closed Articles of A  | mendment and fee(s) are sub                | omitted for filing.   |  |
| Please                 | return all correspon  | dence concerning this matter               | to the following:   |  |
|                        |   | Sandra Yates Name of Person                |   |  |
| Name of Ferson         |   |  |   |  |
| Firs                   |   | stgate Investments LLC                     |   |  |
| Firm/Company           |   |  |   |  |
| 3869 S Nova Road Unit2 |   |  |   |  |
| Address                |   |  |   |  |
|                        |   | ort Orange, FI 32127                       |   |  |
|                        |   |  | City/State and Zip Code                                       |  |
|                        | setaycooper32@gmail.com  E-mail address: (to be used for future annual report notification) |  |   |  |
| г с.                   |   | ·  | •   | otification)   |
| For turi               | ther information coi  | ncerning this matter, please c             | all:  |  |
|                        | Sar   | ndra Yates                                 | at ( 386 )  | 761 7719   |
|                        |   | Area Code & Day                            | time Telephone Number   |  |
| Enclose                | ed 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 enclo | \$60.00 Filing Fee, Certificate of Status & Seed) Certified Copy (additional copy is enclosed) |
|                        | Registrat<br>Division<br>P.O. Box   |  | Registration Se<br>Division of Cor<br>Clifton Buildin         | porations<br>g   |
| Tallahassee, FL 32314  |   | 2661 Executive Center Circle               |   |  |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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11 JAN // AM 10: 41

SLUNETARY OF STATE
FALLAHASSEE, FLORIDA

Zip Code

Firstgate Investments LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 3/18/2005 The Articles of Organization for this Limited Liability Company were filed on and assigned LO5000027505 Florida document number 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Firstgate Investments LLC Enter new principal offices address, if applicable: 3869 S Nova Road Unit 2 (Principal office address MUST BE A STREET ADDRESS) Port Orange, FI 32127 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

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Type of Action** Name Address MGRM Gerard Kelly 1475 Kenoa Circle √ Add Ormond Beach, Fl 32174 Remove John R B Kennedy <u>MGRM</u> 1475 Kenoa Circle ✓ Add Ormond Beach, Fl 32174 Remove ☐ Add Remove ☐ Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Kelly and Kennedy added as members 2007 - to correct public records December 1 Dated\_ Signature of a member of authorized representative of a member Sandra Yates Typed or printed name of signee

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Filing Fee: \$25.00