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## **COVER LETTER**

	ision of Cor				
SUBJECT:		MPANY LLC			
SUBJECT:		Name of Limi	ited Liability Company	· · · · ·	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		JOSEPH P. MULLEN			
			Name of Person		
		MULLEN & BIZZARRO,	P.A		
		-	Firm/Company		
	2929 E. COMMERCIAL BLVD, PH-C				
			Address		
		FORT LAUDERDALE, FI	L 33308		
			City/State and Zip Code		
	JPMULLEN@MULLENBIZZARRO.COM				
		E-mail address: (t	to be used for future annual report notifi-	cation)	
For further in	nformation co	oncerning this matter, please ca	all:		
JOSEPH P.	MULLEN		954 772-9100 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e following amount:			
■ \$25.00 F	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

FIRTH COMPANY 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  $\frac{6/29/2005}{}$ and assigned Florida document number 1.05000064736 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: 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 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>	Type of Action
MGR	MOLLY L. FIRTH, AS TRUSTEE	8 SENCA ROAD	□ A₫d
		SEA RANCH LAKES FL 33308	■ Remove
			Change
MGR	MOLLY CHRISTINE BAUST	16 GATEHOUSE ROAD	<b>∃</b> Add
		SEA RANCH LAKES FL 33308	□ Remove
			Change
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Effective date, if other than to (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	he date of filing:	(optional) iling or more than 90 days after filing.) Pu ory filing requirements, this date wil	rsuant to 605.0207 I not be listed as t
the record specifies a delay ) The 90th day after the r	red effective date, but not an effe ecord is filed.	ective time, at 12:01 a.m. on	the earlier of
Dated APRIL 19,	2017		
Gor	Signature of a member or authorized repre		
/	Osignature of a member or authorized repre	sentative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00