

LO6 000023633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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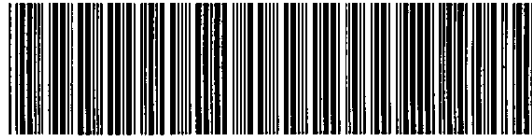
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

SEP - 9 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FIRST CLASS IMPROVEMENTS 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:

TAMARA VALERIA NEATHERY

Name of Person

FIRST CLASS IMPROVEMENTS LLC

Firm/Company

8255 SEVERN DR., SUITE D

Address

BOCA RATON, FL 33433

City/State and Zip Code

JSANTOME@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMARA VALERIA NEATHERY

Name of Person

at ( 954 )

937-5830

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**FIRST CLASS IMPROVEMENTS 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 03/06/2006 and assigned  
Florida document number L06000023633.

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."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

8255 SEVERN DR., SUITE D  
BOCA RATON, FL 33433

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

8255 SEVERN DR., SUITE D  
BOCA RATON, FL 33433

**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:

TAMARA VALERIA NEATHERY

New Registered Office Address:

8255 SEVERN DR., SUITE D

*Enter Florida street address*

BOCA RATON

, Florida

33433

*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 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.*

*Tamara Neathery*  
**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SANTOME, JORGE	11571 NW 35TH ST CORAL SPRINGS FL 33065	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NEATHERY, TAMARA V.	8255 SEVERN DR., SUITE D BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SANTOME, JORGE	11571 NW 35TH ST CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

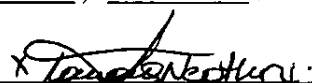
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STATE  
TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JANUARY 1ST, 2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
  
TAMARA V. NEATHERY  
\_\_\_\_\_  
Typed or printed name of signee