# <u>Loboooba132</u>

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B. BOSTICK MAR 27 2014 EXAMINER

### COVER LETTER ::

TO: Registration Section
Division of Corporations

First Florida Financial Group 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:

## **Eddie Hoskins**

Name of Person

# First Florida Financial Group LLC

Firm/Company

# 8695 College PKWY STE 1121

Address

# Fort Myers FI 33919

City/State and Zip Code

## eddie@firstflfinancial.com

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

For further information concerning this matter, please call:

**Eddie Hoskins** 

<sub>...</sub>239, 980-1022

Name of Person

rea 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Florida Financial Group LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or Florida document number <u>L06000062132</u> .	n 06/19/2006 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	<u>nv here</u> :
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)	1
<del></del>	
Enter new mailing address, if applicable:	
	4:F
B. If amending the registered agent and/or registered office addres registered agent and/or the new registered office address here:	s on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	r 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Remove
			Add
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,	hange(s) here: (Attach additional sheets, if necessary.)
Collin Atchison is now 49% of	owner and Edward Hoskins is 51% owne
Sociation data if athorshow the data of filing	(ontional)
Affective date, if other than the date of filing the effective date must be specific, cannot be prior to date	g:(optional) ate of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department	nt of State)
Dated March 17th	2014
Dated Walter	,
141	
<del>-</del>	member or authorized representative of a member
Eddie Hoskins	
	Typed or printed name of signee

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Filing Fee: \$25.00