

W08000038458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

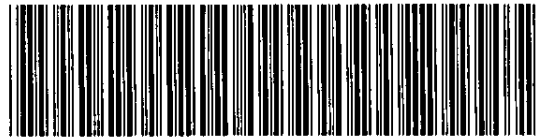
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W085 - 30.00
671

Office Use Only



100145391821

04/16/09--01003--005 **30.00

FILED
2009 APR 15 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

APR 16 2009

EXAMINER

W09-15661

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST CONTINENTAL MITIGATION AND SOLUTION, 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:

RAFAEL MATOS

(Name of Person)

FIRST CONTINENTAL MITIGATION AND SOLUTION, LLC

(Firm/Company)

8615 COMMODITY CIRCLE SUITE # 5

(Address)

ORLANDO FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL MATOS

(Name of Person)

at (407) 378-4545

(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

FILED
2009 APR 15 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2009

RAFAEL MATOS
8615 COMMODITY CIRCLE STE 5
ORLANDO, FL 32819

SUBJECT: FIRST CONTINENTAL MITIGATION AND SOLUTION, LLC
Ref. Number: L08000038458

We have received your document for FIRST CONTINENTAL MITIGATION AND SOLUTION, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

Please return your document, along with a copy of this letter, within 60 days, or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 909A00011293

2009 APR 15 PM 1:00
FILED
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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

FIRST CONTINENTAL MITIGATION AND SOLUTION, 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 04-16-2008 and assigned
Florida document number LB8000038458.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FIRST CONTINENTAL SOLUTION, LLC

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)

8615 COMMODITY CIRCLE SUITE #5

ORLANDO FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8615 COMMODITY CIRCLE SUITE # 5

ORLANDO FL 32819

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

(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.

(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>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

2009 APR 15 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated MARCH 26, 2009

Rafael Matos

Signature of a member or authorized representative of a member

RAFAEL MATOS

Typed or printed name of signee