

L08000117588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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09 JUN -3 AM 10:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. C. G. JUN - 4 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Coast Referrals, 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:

Nanci Soriano and/or Raymond Rivera

Name of Person

First Coast Referrals, LLC

Firm/Company

12627 San Jose Blvd, Ste 103

Address

Jacksonville, FL 32223

City/State and Zip Code

raymondarivera@gmail.com

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

For further information concerning this matter, please call:

Nanci Soriano and/or Raymond Rivera

Name of Person

at (904)

260-5300

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

Jun. 2. 2009 10:16AM

Exit Real Estate Gallery
304 300 0403

No. 2980 P. 2
06/02/2009 05:02 #431 P. 002/003

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JUN -3 AM 10:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

First Coast Referrals, 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 12-29-2008 and assigned
Florida document number L08000117588.

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:

12627 San Jose Blvd, Suite 106

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32223

Enter new mailing address, if applicable:

12627 San Jose Blvd, Suite 106

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32223

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

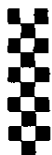
City

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



Jun. 2, 2009 10:17AM

Exit Real Estate Gallery
304 330 0400

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#431 P. 001/003

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	Name	Address	Type of Action
MGRM	Raymond Rivera	12627 San Jose Blvd 103 Jacksonville, FL 32223	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -3 AM 10:54

FILED

Dated _____

Signature of a member or authorized representative of a member

Stanley H. Bishop, Jr.

Typed or printed name of signer