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JAN - 8 2010

EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO:

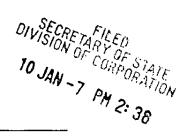
Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division	Corporations	
SUBJECT:	JAX AUTO BROKERS, LLC	
	Name of Limited Liability Company	
The enclosed Artic	s of Amendment and fee(s) are submitted for filing.	
Please return all co	espondence concerning this matter to the following:	
	MARK GRIFFIN	
	Name of Person	
	Firm/Company	
	PO BOX 550811	
	Address	
	JACKSONVILLE FL 32255	
	City/State and Zip Code	
	mark@griffingang.com E-mail address: (to be used for future annual report notification)	
For further inform	ion concerning this matter, please call:	
	me of Person at () Area Code & Daytime Telephone Number	
Enclosed is a chec	for the following amount:	
\$25.00 Filing I	Certificate of Status Certified Copy Certificate of Certificate of Certificate of Certified Copy (additional copy is enclosed) Certified Co	of Status &
	AILING ADDRESS: STREET/COURIER ADDRESS: Registration Section vision of Corporations Division of Corporations	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	JAX AU	TO BROKERS, LLC	,	· J
(<u>Nar</u>	me of the Limited Liabilit (A Florida	y Company as it now appear Limited Liability Company)	s on our records.)	
The Articles of Organization f	or this Limited Liability	Company were filed on	2/11/2009	and assigned
Florida document number	L09000014127			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the lin	nited liability company her	<u>e</u> :	
	FIRST COAS	T REALTY GROUP, L	LC	
The new name must be distingui "L.L.C."	shable and end with the wo	ords "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices a	ddress, if applicable:			
(Principal office address MUS	ST BE A STREET ADD	RESS)		
				
Enter new mailing address, i	f applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)			
			511-5-	
B. If amending the registe	ered agent and/or regis	stered office address on o	our records, <u>enter 1</u>	the name of the new
registered agent and/or the n	new registered office add	dress here:		
Name of New Regist	ered Agent:			
New Registered Offi	ce Address:			
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	Aanaging Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add Remove
			_
			Add Remove
			
			Add Remove
			_
			Add Remove
			AddRemove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	.)
_			
			-
_			
Dated	January 5, 20	10 /	
		! <i>!</i> ///	
	Signature of a member	er or authorized representative of a member	
	_	MARK GRIFFIN	
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00