

LO9000104127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

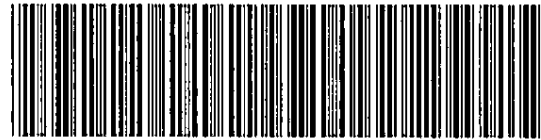
(Business Entity Name)

(Document Number)

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11/28/17--01009--004 \*\*25.00

FILED  
FALLAHASSI, C. L. 11/28/17

2017 NOV 27 AM 11:35

17 NOV 29 AM 9:07

FILED  
SECRETARY OF STATE  
FALLAHASSI, C. L. 11/28/17

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FIRST FINANCIAL PARTNERS 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:

SCOTT E. ANDERSON

Name of Person

FIRST FINANCIAL PARTNERS LLC

Firm/Company

8423 SEMINOLE BLVD., STE 100

Address

SEMINOLE, FL 33772

City/State and Zip Code

SCOTT.ANDERSON@1STFLAINS.COM

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

For further information concerning this matter, please call:

SCOTT ANDERSON

Name of Person

at ( 727 )

Area Code

498-6551

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 FINANCIAL PARTNERS 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 10/28/2009 and assigned  
Florida document number L 09000104127

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 contain 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)

8423 SEMINOLE Blvd.

STE 100

SEMINOLE, FL 33772

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8423 SEMINOLE Blvd.

STE. 100

SEMINOLE, FL 33772

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:

SCOTT E. ANDERSON

New Registered Office Address:

8423 SEMINOLE Blvd., Ste 100

Enter Florida street address

SEMINOLE

Florida

33772

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.

Signature  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sajjad Jawad	2685 UIMERTON Rd.	<input type="checkbox"/> Add
		STE 201	<input checked="" type="checkbox"/> Remove
		CLEARWATER FL 33763	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

17 NOV 29 AM 9:07

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 11/21/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated NOVEMBER 21, 2017.

[Signature]  
Signature of a member or authorized representative of a member

Scott Anderson

Typed or printed name of signee