

L10000007369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

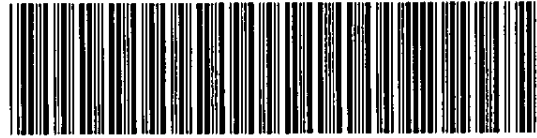
(Business Entity Name)

(Document Number)

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G. MCLEOD

APR - 9 2012

EXAMINER

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TKSF1RST, 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:

MARK A. GAMEZ

Name of Person

F1RSTSHOP, LLC

Firm/Company

40 S. Pointe Drive, Suite 107

Address

Miami Beach, Florida 33139

City/State and Zip Code

mark@f1rstshop.com

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

For further information concerning this matter, please call:

Christian De La Iglesia

Name of Person

at (**786**)

201-5125

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

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

TKSF1RST, 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 1/21/2010 and assigned
Florida document number L10000007369.

This amendment is submitted to amend the following:

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

F1RSTSHOP, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: LAW OFFICES OF OSCAR J. RODRIGUEZ, P.A.

New Registered Office Address: 4500 S. LeJeune Road

Enter Florida street address

Coral Gables, Florida 33146

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

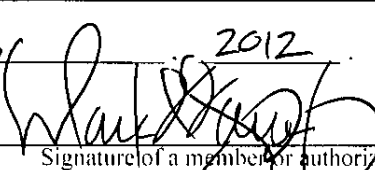
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Pavan, Juan M MR	260 Crandon Blvd Unit 33/34 Key Biscayne FL 33149	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Christian De La Iglesia	7521 Center Bay Drive North Bay Village, Florida 33141	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mark A. Gamez	2642 Collins Ave. Unit 210 Miami Beach, Florida 33140	<input checked="" 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.)*

Dated

MARCH 23, 2012



Signature of a member or authorized representative of a member

MARK A. GAMEZ

Typed or printed name of signee