## LIC ICC 52614

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2919 CTO 1/2 PE 12: 5

R. WHITE 'JAN 1 4 2020

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: FIRS+ Cons	+ Wild	life Service	es LLC	
N	ame of Limited	Liability Company	,	
The enclosed Articles of Amendment and fee	(s) are submit	ted for filing.		
Please return all correspondence concerning to	his matter to t	the following:		
	Kyle	Waltz Name of Person		
_ First	Coust	Wildlife Se Firm/Company	ruices, L	-L C
P.O. Bo	x Soc	Address		
		City/State and Zip Code		
E-ma	il address: (to b	ymail com be used for future annual re	eport notification)	
For further information concerning this matter	r, please call:			
Name of Person		at ( <u>904</u> ) 3 Area Code	07-9411 Daytime Telepho	one Number
Enclosed is a check for the following amount	:			
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Certificate o		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 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		Division The Cen 2415 N.	dress: tion Section of Corporatio tre of Tallahas Monroe Stree see, FL 32303	see

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Coast Wildlife Services, LL 2119 FT 112 PUD. E.

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 10000037619</u> .	were filed on $03/2.5/2010$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 72775
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 50046 Jacksonville Beach, FL 32240
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Ky	Nesting tagles way
New Registered Office Address: 17 449	Nesting Cagles Way Emer Florida street address
Jackson	Cin Florida 3227.5
New Registered Agent's Signature, if changing Registered Agent:	

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 reing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

ompany has been notified in writing of this change.

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>	Name	Address	Type of Action
MGR	Kyle Waltz	12449 Nesting Engles	□Add
		12449 Nesting Englest Way, Jackson-ille, FL	□Remove
		32725	\(\overline{\overline}\) Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			🗆 Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an e <u>Note</u>	tive date, if other than the date of filing:
	ord 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 filed.
Date	12/9 . 7019
	Signature of a member or authorized representative of a member

Elling Fee: \$25.00