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COVER LETTER

	ion Section of Corporations			
CIDIFCT.	First Chance Las	t Chance Holdings, LLC		
SUBJECT:	Name of Limi	Name of Limited Liability Company		
The enclosed Artic	les of Amendment and fee(s) are sul	omitted for filing.		
	rrespondence concerning this matter	-		
		Mark Sestilio		
		Name of Person		
	First Chan	ce Last Chance Holdings, LLC	TALLARD	
		Firm/Company	المنتسخة المتحارث	
209		209 W. Wilder Ave	yatan and, and an analysis	
	-	Address	TE RESINE	
		Tampa, FL 33603		
		City/State and Zip Code	70° r	
		nsesto11@gmail.com (to be used for future annual report notification)		
For further information	ation concerning this matter, please	•		
	Mark Sestilio	at (813) 421-1	641	
Ŋ	lame of Person	Area Code & Daytime Telepho	ne Number	
Enclosed is a check	c for the following amount:			
□ \$25.00 Filing F	ee \$\sum_\$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 ADE Registration Section Division of Corporations Clifton Building		
		2661 Executive Center Circ Tallahassee, FL 32301	:ic	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Chance Last Chance Holdings, LLC

(Name of the Visual and	Li-bille Comment in the comment		- \
(Name of the Limited) (A	Liability Company as it now a Florida Limited Liability Comp	appears on our records	<u>i.</u>)
The Articles of Organization for this Limited Li L11000049	iability Company were filed on 0510	April 27, 20	011 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability compar	<u>ıv here</u> :	
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability (Company," the designat	
Enter new principal offices address, if applic	able:		A SE
(Principal office address MUST BE A STREE	T ADDRESS)		28 3 17
			() E
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	 ROX)		
	<u></u>		
B. If amending the registered agent and/or the new registered of New Registered Agent:		s on our records, <u>er</u>	iter the name of the new
New Registered Office Address:		Enter Florida stree	et address
	, Florida		
	City	, FIORIC	Zip Code
New Registered Agent's Signature, if changing l	Registered Agent:		_
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	proper and complete perform stered agent as provided for registered office address, I i	nance of my duties, a r in Chapter 608, F.S	nd I am familiar with and S. Or, if this document is

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>Address</u> <u>Title</u> <u>Name</u> **Type of Action MGRM** Jason Fausette 1707 N 16th St Tampa, FL 33605 REMOVE Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member MARK SESTILIO Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00