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(Requ	estor's Name)			
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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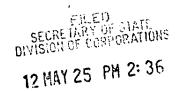
COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT:	FIRST (COUSIN'S LLC	
3000E11		ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	STEP	HEN P. SAPIENZA, ESQ.	
	Name of Person		
Firm/Company			
	P.O. Box 635		
		Address	
		Bunnell, Fl. 32110	
		City/State and Zip Code	•
	E-mail address: (to be used for future annual report notificat	ion)
For further information	concerning this matter, please of	call:	
Stepl	hen P. Sapienza	at (386) 43	37-1814
	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/COURIER Registration Section	R ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



/Nome of the Limited I	IRST COUSIN'S LLC		
(A in the Limited I	iability Company as it now appe forida Limited Liability Company	<u>ars on our records.</u>)	
The Articles of Organization for this Limited Lia	bility Company were filed on	May 19, 2011	and assigned
Florida document numberL110000596	661		•
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company he	ere:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	OV)		
B. If amending the registered agent and/or registered agent and/or the new registered officers.		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addr	ess
	City	, Florida	Zip Code
	City		Lip Cour

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> **Address Type of Action MGRM** MARY CLARKE 35 BRESSLER LANE ✓ Add Remove Palm Coast, Fl. 32137 □ Add ☐ Remove ☐ Add Remove Remove Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 11, 2012 Dated _ Signature of a member or authorized representative of a member KENNETH G. BUESS

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee