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B. BOSTICK
NOV 2 2 2011
EXAMINER

COVER LETTER

SUBJECT: FINST RUST SUYERS 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:		
ANTADMY CANTEY Name of Person Can frey Realty & InvestME Firm/Company	- =ND	
246 NE 82 ST Address		
Miam, FL 33138 City/State and Zip Code From Lule 201. Low E-mail address: (to be used for future annual report notification)	SEVEL VILLE	HA PANY
For further information concerning this matter, please call:		And a second
Anthony Cantun at (305) 836-0686 Area Code & Daytime Telephone Number	3: 39 STATE LORIDA	SCOVI-
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	ate of Status &	osed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

First Trust	BUYERS	LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L		ı our records.)	-
The Articles of Organization for this Limited Liability Company Florida document number	were filed on July	28,2011 and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company,	the designation "LLC" or t	he abbreviation
Enter new principal offices address, if applicable:	212		
(Principal office address MUST BE A STREET ADDRESS)		(S) - 1	<u> </u>
Enter new mailing address, if applicable:	DIM	EJ LORID	<u>က</u> ယ ယ
(Mailing address MAY BE A POST OFFICE BOX)		Þ	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our e:	records, enter the nam	e of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter 1	Florida street address	
		, Florida	<u></u>
	City	Zip C	ode
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 **Address Type of Action Title Name** Remove ☐ Add Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated NOV Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00