# L1100098178

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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TALLAHA SSEE ET OBTO

D. BRUCE
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**EXAMINER** 

### **COVER LETTER**

TO: "

Registration Section Division of Corporations

SUBJECT:

# FIRST FARMER'S BANCORP, 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:

## **NIKESH PATEL**

Name of Person

## FIRST FARMERS FINANCIAL, LLC

Firm/Company

12701 S JOHN YOUNG PKWY, #201

Address

ORLANDO, FL 32837

City/State and Zip Code

NIKPATEL2001@GMAIL.COM

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

For further information concerning this matter, please call:

NIKESH PATEL

Name of Person

407,730-3366

Area Code & Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on AUGUST	24, 2011 and assigned
Florida document number L11000098178		
	<u>-</u> '	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
FIRST FARMERS FINANCIAL, LLC		
The new name must be distinguishable and end with the word 'L.L.C."	ds "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	•
		2013 PE 2013
		A S N
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		mc - ma
Mailing address MAY BE A POST OFFICE BOX)		
		5 23 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ords, enter the name of the ne
The second secon	<u>ess nere</u> ,	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

FIRST FARMER'S BANCORP, LLC

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

٠¢.

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 **Title Type of Action Name** <u>Address</u> Add Remove Remove Add Remove Remove

. If amending any other information, er	nter change(s) here: (Attach additional sheets, if necessary.)
JANUARY 3	2013
Tut 1	
Signature of	of a member or authorized representative of a member
TIMOTHY FISHER	
	Towns 1 and

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2018 JAN 4 AM 1: 23
SECRETARY OF STATE
AND ANASSES STORMAN