

L11000135144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

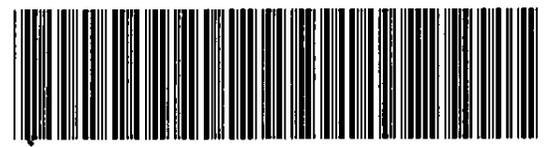
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JAN 25 2012

EXAMINER



900215481869

01/25/12--01004--001 **25.00

RECEIVED
12 JAN 24 PM 4:24
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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12 JAN 24 AM 9:18
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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FIRTH HOLDING LLC

- _____ Art of Inc. File_____
- _____ LTD Partnership File_____
- _____ Foreign Corp. File_____
- _____ L.C. File_____
- _____ Fictitious Name File_____
- _____ Trade/Service Mark_____
- _____ Merger File_____
- _____ Art. of Amend. File_____
- _____ RA Resignation_____
- _____ Dissolution / Withdrawal_____
- _____ Annual Report / Reinstatement_____
- _____ Cert. Copy_____
- _____ Photo Copy_____
- _____ Certificate of Good Standing_____
- _____ Certificate of Status_____
- _____ Certificate of Fictitious Name_____
- _____ Corp Record Search_____
- _____ Officer Search_____
- _____ Fictitious Search_____
- _____ Fictitious Owner Search_____
- _____ Vehicle Search_____
- _____ Driving Record_____
- _____ UCC 1 or 3 File_____
- _____ UCC 11 Search_____
- _____ UCC 11 Retrieval_____
- _____ Courier_____

Signature

Requested by: Seth

01/24/12

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 24 AM 9:13

**TO: Registration Section
Division of Corporations**

SUBJECT: FIRTH HOLDING 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:

Harold W. Scovill
Name of Person
Law Offices of H. William Scovill PA
Firm/Company
1605 Main Street, Suite 912
Address
Sarasota, FL 34236
City/State and Zip Code
bill@scovills.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Scovill at (**941**) **365-2252**
Name of Person Area Code & Daytime Telephone Number

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**

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 JAN 24 AM 9:13

FIRTH HOLDING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 30, 2011 and assigned Florida document number L11000135144.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Firth Holdings LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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:

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated January 24 2017

Harold W. Scovill
Signature of a member or authorized representative of a member

HAROLD W. Scovill
Typed or printed name of signee