## L12 0000 11971

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## **COVER LETTER**

Division of Co			
Liberty Fi	irst Group, LLC.		
	Name of Li	mited Liability Company	<del></del>
	f Amendment and fee(s) are su		
Please return all corresp	ondence concerning this matter	r to the following:	
	Ibrahim Armenteros		
	<del> </del>	Name of Person	<del></del>
	Liberty First Group, LLC	>	
		Firm/Company	<del></del>
	11651 SW 9th Court		
		Address	<del></del>
	Pembroke Pines, Florida	a 33025-4322	
		City/State and Zip Code	
	Ifgllc@aol.com	to be used for future annual report notif	Gantina V
For further information of	concerning this matter, please concerning		ncation)
Ibrahim Armenteros		954 629-9522	
Name o	of Person		Telephone Number
Enclosed is a check for the	ne 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

Liberty First Group, LLC.			
(Name of the Li	mited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on 25	5 January 2012	and assigned
Florida document number L12000011971	·		
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the	e words "Limited Liability Company," the c	lesignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if app	licable:		
(Principal office address MUST BE'A STRE	EET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	F ROX)		
	<del></del>		<del></del>
3. If amending the registered agent and	d/or registered office address on	our records, enter	thesname of the ne
egistered agent and/or the new registered	office address here:	<u></u>	5018
Name of New Registered Agent:	Ibrahim Armenteros		SS X
New Registered Office Address:	11651 SW 9th Court		
		ida street address	9: 5
	Pembroke Pines	, Florida <sup>33</sup> €	25-4322
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Josefina J. Armenteros	11651 SW 9th Court	
		Pembroke Pines, FL 33025-432	■ Remove
		· <u>-</u>	□ Change
MGR	Ibrahim Armenteros	11651 SW 9th Court	<b>=</b> Add
		Pembroke Pines, FL 33025-432.	□ Remove
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fective date, if other	r than the date of f	filing: 1 June 201		(optio	nal)
in the date hiself	the date must be specified in this block does to	not meet the applica	able statutory filing i	e than 90 days after frequirements, this	iling.) Pursuant to 605.0 date will not be lister
cument's effective da	te on the Department	of State's records.		•	
record specifies The 90th day afte	a delayed effectiver the record is fil	ze date, but not ed.	t an effective tin	ne, at 12:01 a.	m. on the earlier
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29 May 2018 ted					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00