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SECRETARY OF STATE
ANALYSES FLORIDA

### **COVER LETTER**

TO: Registration Section ' Division of Corporations				
SUBJECT: First Position Properties, UCC 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:				
Treve Struf Name of Person				
First Position Properties, LCC				
1094 Leeway Ct				
Orlando FC 32810  City/State and Zip Code  Struf 999 Q yahoo, com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Treve Struf at 407 756-4129  Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \times \text{Certificate of Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$\text{Certified Copy} \\ (additional copy is enclosed)} \text{\$\text{Certified Copy} \\ (addi				

#### 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

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0	F	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of the Limited Liability Compa (A Florida Limited	NO PORTIES iny as it now appears on Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1200001(893</u> .	y were filed on	19, 2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial $h \mid a$		
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company,	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n/a	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		records, enter the name of the new
Name of New Registered Agent:	n la	
New Registered Office Address:	Enter 1	Florida street address
		, Florida
New Registered Agent's Signature, if changing Registered Agent	City:	Zip Code
The state of the s	<u>-</u>	

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
M6RM	Susan Schopbach	221 Morton Lane Winter Springs, F1 32708	Add
	•	Winter Springs, M	Remove
		32708	
	<del></del>		Add
			Remove
	11 00 00 00		Add
			Remove
<del></del>			Add
			Remove
			Add
			Remove
			_
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	n/a
	•
Dated	Nov 30 , 2013.
	here String
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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