

L12000/42009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

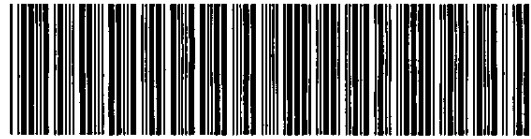
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TALLAHASSEE, FLORIDA

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COVER LETTER

Rush, please.

**TO: Registration Section
Division of Corporations**

SUBJECT: First Heritage Holdings 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:

Robert Kilgo

Name of Person

First Heritage Holdings LLC

Firm/Company

2803 Gulf to Bay Blvd. #408

Address

Clearwater FL 33759

City/State and Zip Code

rob@tahoedevelopment.net

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

For further information concerning this matter, please call:

Rob Kilgo

Name of Person

727 255 6060

at (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

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First Heritage Holdings LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SIG USA Holdings, LLC	2100 Calumet St, #200	<input type="checkbox"/> Add
		Clearwater FL 33765	<input checked="" type="checkbox"/> Remove
MGR	SIG USA Holdings, Inc.	2803 Gulf to Bay Blvd, #408	<input checked="" type="checkbox"/> Add
		Clearwater FL 33759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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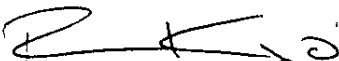
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 29, 2014



Signature of a member or authorized representative of a member

Robert Kilgo

Typed or printed name of signee

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Filing Fee: \$25.00

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