

213000047998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

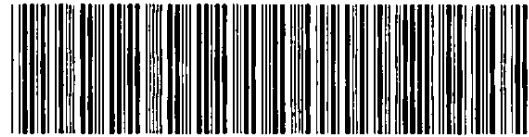
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



800300333958

06/21/17--01011--030 **25.00

FILED
2017 JUN 21 PM 2:00
STATE PART OF CLARK
HALLAMASSIE-FLORIDA

K SALY
JUN 23 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Financial Dimensions 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:

Thomas P. Altman
Name of Person
Law Offices of James I. Altman, PA
Firm/Company
5614 Grand Blvd
Address
New Port Richey FL 34652
City/State and Zip Code
altmanlaw@R.T.ALTMANLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas P. Altman at (727) 848 8435
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

FIRST FINANCIAL DIMENSIONS LLC

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

FILED
2017 JUN 21 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/2/2013 and assigned
Florida document number L13000047998.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

5614 Grand Blvd,
New Port Richey, FL 34652

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:

Thomas P. Altman

New Registered Office Address:

5614 Grand Blvd

Enter Florida street address

New Port Richey, Florida 34652

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Harris, Julie A -	1919 Blue River Rd Holiday 34691	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Main Street SEO LLC	Main Street SEO LLC	<input type="checkbox"/> Add
		5139 South Rd. NPR 34652	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2017 JUN 21 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JUN 21 PM
SECURITY OF PLANT
TALLAHASSEE, FLORIDA

FILED
2017 JUN 21 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/2/17

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 6/2/2017

Julie Harris, MGR
Signature of a member or authorized representative of a member

JULIE HARRIS
Typed or printed name of signee