

L13000/05015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

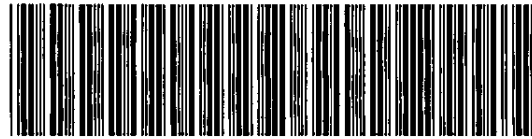
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000252113760

09/30/13--01027--033 **25.00

FILED
2013 SEP 30 AM 8:47
TALLAHASSEE STATE
FLOIDA

J. SAULSBERRY
EXAMINER
OCT 4 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Eclipse 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:

Patrick Kearsley
Name of Person
First Eclipse LLC
Firm/Company
2705 54th Ave North Unit 1
Address
St Petersburg FL 33714
City/State and Zip Code
patrick@firsteclipsellc.com
E-mail address: (to be used for future annual report notification)

FILED
2013 SEP 30 AM 8:47
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Name of Person 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

First Eclipse LLC

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

FILED
2013 SEP 30 AM 8:47
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
HILLSBORO, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/24/2013
Florida document number 613000105015

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 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)

2705 54th Avenue North Unit 1
St Petersburg Florida 33714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2705 54th Avenue North Unit 1
St Petersburg Florida 33714

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:

Patrick L Kearsley

New Registered Office Address:

2705 54th Avenue North Unit 1

Enter Florida street address

St. Petersburg, Florida 33770
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.

Patrick Kearsley
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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2013 SEP 30 AM 5:47
 10/1/13
 10/1/13

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

Dated _____, _____.



Signature of a member or authorized representative of a member

Patrick Hearsley

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 SEP 30 AM 8:47
CLERK OF STATE
TALLAHASSEE FLORIDA