113000167791

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	Registration Se Division of Cor		₹	
, enp.m.		NERATION ASSET GROUP I	LLC	
SUBJEC	.];	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		JOSEPH LISA		
			Name of Person	
		FIRST GENERATION AS	SSET GROUP LLC	
			Firm/Company	
		4722 NW 2ND AVE C104	Address City/State and Zip Code PNASSETS.COM	
			Address	
		BOCA RATON FL 33431		
		<u> </u>	City/State and Zip Code	
		INFO@FIRSTGENERATION		
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please co	all:	
JOSEPH	LISA		,	
	Name c	of Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company lorida document number $\frac{L13000167791}{L13000167791}$.		and assigned	
this amendment is submitted to amend the following:			
. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."	
inter new principal offices address, if applicable:	4722 NW 2ND AVE C104		
Principal office address MUST BE A STREET ADDRESS)	BOCA RATON FL 33431		
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	4722 NW 2ND AVE C104 BOCA RATON FL 33431		
s. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent:		iter the name of th	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City , Flot Id.	Zip Garle	

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>Títle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	STEPHEN A. SPINOSA	500 N CONGRESS AVE B105	□ Add
		DELRAY BEACH FL 33445	■ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Add
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fective date, if other than the date of filing: _			(optio	.nali	
m effective date is listed, the date must be specific and can ote: If the date inserted in this block does not mee	mot be prior to dat		nan 90 days after t	tiling.) Pursi	
cument's effective date on the Department of State			,		
record specifies a delayed effective date	e. but not an	effective time	. at 12:01 a	.m. on tl	he earlier
The 90th day after the record is filed.	-,		,		
ned July 6"	7017				
·····					
Signature of a then	nber or authorized	representative of a	member		

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Filing Fee: \$25.00