## L13000170093

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## COVER LETŢER

TO: Registration S Division of Co			
SUBJECT: First	Innovations G	roup, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joseph C. E	Bishara	
		Name of Person	
	Roth, Blair, F	Roberts, Strasfeld	& Lodge
		Firm/Company	
	100 East Fe	deral Street, Sui	te 600
	•	Address	
	Youngstown	n, OH 44503	
		City/State and Zip Code	
	jbishara@rothbla	nir.com to be used for future annual report notif	Inution)
For further information	concerning this matter, please c	·	ication)
Joseph C.		330 <sub>.</sub> 744-5	211
Name	of Person		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)
MAII	ING ADDRESS:	STREET/COURI	FR ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Innovations Group, LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our reco ability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Company villerida document number L13000170093	were filed on Dec. 9, 201	3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limited Liabil	lity Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our recor	FILED of the n SECRETARY OF STATE of the n TALLAHASSEE, FLORIDA ds, enterp
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	RRS
	, F	Florida
New Registered Agent's Signature, if changing Registered Agent:	Спу	Lip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
MGR	Ricardo Valderrama	4532 W. Kennedy Blvd	_ <b>=</b> Add
		Suite 312	🗆 Remove
		Tampa, FL 33609	nurrana
MGR	Carmine Denisco	4532 W. Kennedy Blvd	_ <b>■</b> ∧dd
		Suite 312	Remove
		Tampa, FL 33609	_
MGR	Lloyd M. Yazbek	649 Saddlebrook Dr.	<b>■</b> Add
		Boardman, OH 44512	_□ Remove
		7	
<del></del>		L A H	S TI
		SAN SERVICE CONTRACTOR	29 L
		TECON	
<del></del>			#P <b>/                                   </b>
			_□ Remove
			_
<del></del>			_□ ∧dd
			□ Remove

<b>)</b> .	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Effective date, if other than the date of filing:
	Dated //20 , 2014.
	Signature of a member or authorized representative of a member
	Ricardo Valderrama
	Typed or printed name of signee

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Filing Fee: \$25.00

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