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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Se Division of Cor		•		
Division of Corporations  SURJECT: First Coast Audit Services UC  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:  ### Audit Coast Audit Sec UC    Firm/Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Kri	Stra Dutton Name of Person	<u> </u>	
	F15	+ Coast Audit:	Sic UC	
	1920 I			
	Mai	Hard, Fe 32	1751 = =	
	E-mail address: (	15th duttone 9	mail. Com	7
For further information co	oncerning this matter, please ca	all:	free and	
Knst Name q	y Dutton Person	at (904) 620 Area Code Daytime	6-1623	·
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	

#### 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

Name of the Limited Liability Comp	St Audit Sevue sany as it now appears on our records.) ILiability Company)	es, LC
The Articles of Organization for this Limited Liability Compan	1 1	and assigned
Florida document number <u>L14 0000 593 5 9</u> .	· ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial  First Coast Reve  The new name must be distinguishable and contain the words "Limited Liab	nue Recovery L	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	MA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- A/A	TALLAR MAR - 9
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he	office address on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	$\sim$ $\downarrow$	
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	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>	Type of Action
			Add
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			□ Change
			Add
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(If an effective date is I Note: If the date in	other than the date of filing:  sted, the date must be specific and cannot be prior to date of serted in this block does not meet the applicable statue date on the Department of State's records.	(optional) Filing or more than 90 days after filing.) Pur utory filing requirements, this date will	suant to 605.0207 (3 not be listed as th
	ies a delayed effective date, but not an effafter the record is filed.	fective time, at 12:01 a.m. on t	the earlier of:
Dated	100 March 7 2018.	Queton	
<del> </del>	Signature of a member or authorized rep	resentative of a member	
	dich a	Dutton	

Page 3 of 3

Filing Fee: \$25.00