

44000113314

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

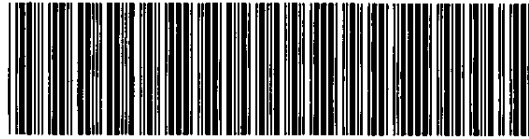
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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15 APR 10 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 04 2015  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2015

BETH M. HOCKING  
FIRST IMPRESSION REALTY LLC  
5229 WINDMILL MANOR AVE  
BRADENTON, FL 34203

SUBJECT: FIRST IMPRESSION REALTY LLC  
Ref. Number: L14000113314

We have received your document for FIRST IMPRESSION REALTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L1400011335 - FIRST IMPRESSION RENOVATION LLC.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration Section.

Letter Number: 115A00008263

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TALLAHASSEE, FLORIDA

May 4, 2015

L1400011335

This is in regards to trying to amend the name of my business. I already sent the \$25 filing fee.

In July of 2014, I established 2 LLCs, one being First Impression Realty LLC and the other First Impression Renovation LLC. I am releasing the First Impression Renovation LLC in order to combine the 2 LLCs.

I am requesting First Impression Realty LLC to be amended to First Impression Realty & Renovation LLC.

Thank you,

Beth M. Hocking

941-773-8263

[FirstImpressionRealty@gmail.com](mailto:FirstImpressionRealty@gmail.com)

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15 APR 10 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FIRST IMPRESSION REALTY 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:

BETH M. HOCKING  
Name of Person

FIRST IMPRESSION REALTY LLC  
Firm/Company

5229 WINDMILL MANOR AVE  
Address

BRADENTON/FL/34203  
City/State and Zip Code

FIRSTIMPRESSIONREALTY@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BETH M. HOCKING at ( 941 ) 773-8263  
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

The Articles of Organization for this Limited Liability Company were filed on 7/17/2014 and assigned Florida document number L14000113314.

This amendment is submitted to amend the following:

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

FIRST IMPRESSION REALTY + RENOVATION LLC

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)

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TALLAHASSEE, FLORIDA

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 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>	<u>Address</u>	<u>Type of Action</u>
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 TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 7, 2015.

*Beth M Hocking*

Signature of a member or authorized representative of a member

**BETH M. HOCKING**

Typed or printed name of signee

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