L150000002909

(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:	





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WY 30 2015 J. HARRIS

COVER LETTER,

TO:	Registration Se Division of Cor			
CHDIE		st Enterprises		
SUBJE	CT:		ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Tiffanic Fye		
			Name of Person	
		Family First Enterprises, L	LC.	
			Firm/Company	
		2961 NW 60th street Mian	ni, FL 33142	
			Address	
			City/State and Zip Code	<u></u>
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information o	concerning this matter, please ca	all:	
Tiffani	e Fye		305 414-9856	
	Name o	of Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for t	he following amount:		
■ \$25	5.00 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

Family First Enterprises, LLC.		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	pany were filed on $\frac{01/06/201}{1}$	5 and assigned
Florida document number <u>L15000002909</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/a	
(Principal office address MUST BE A STREET ADDRES	<u></u>	PAGE STATES
		The state of the s
		SERVICE SERVICES
Enter new mailing address, if applicable:	n/a	552 P F
(Mailing address MAY BE A POST OFFICE BOX)		
		克 拉 5
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ecords, enter the name of the ne
	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
<u></u>		, 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 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>	Address	Type of Action
MRGM	Bruce T. Hamm, II	3842 NW 202nd street	
		Miami, FL 33050	□ Remove
			Change
MGRM	Tiffanie Fye	2961 NW 60th street	= Add
		Miami, FL 33142	Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
•			Change
			AR 80
			A Remove
			Charge Charge
			□ Remove
			□ Change

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an effective date in ote: If the date occument's effect erecord spec	f other than the date of s listed, the date must be spe inserted in this block do tive date on the Departm cifies a delayed effect	cific and cannot be es not meet the ap ent of State's reco	prior to date of filing o policable statutory fi ords.	r more than 90 days at lling requirements, t	his date will no	ot be listed as
	y after the record is					
ated /2	POVEMBER	10, 20	<u>15</u> .			
	AMD.	+			Συ	F\0
	Signali	ire of a member or	authorized representat	ive of a member		= 1
Barba	ıra Hamm-Pratt				差影	✓ 6.24✓ 0.24✓ 0.24
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Filing Fee: \$25.00