

L15000049630

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15 APR -8 PM 2:40
RECEIVED
MAY 15 2015
MAY 15 2015

M. MILLIGAN
EXAMINER

APR 21 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: First Hand To Success 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:

Dennis Williams
Name of Person
First Hand To Success LLC
Firm/Company
7648 Miramar Parkway
Address
Miramar, FL 33023
City/State and Zip Code
dwillia1958@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis Williams at (954) 274-4586
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Hand To Success LLC

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

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HIALEAH, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03-19-2015 and assigned
Florida document number L15000049630

This amendment is submitted to amend the following:

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

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: 19901 N W 67th Court
(Principal office address MUST BE A STREET ADDRESS) Hialeah, FL 33017-2455

Enter new mailing address, if applicable: P O Box 172455
(Mailing address MAY BE A POST OFFICE BOX) Hialeah, FL 33015

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: Maria Harris

New Registered Office Address: 19901 N W 67th Court

Enter Florida street address

Hialeah, Florida 33015
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>
MGR	Maria Harris	P O Box 172455 Hialeah, FL 33017-2455	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Brian Harris		<input type="checkbox"/> Add
		7648 Miramar Pkwy Miramar, FL 33023	<input checked="" type="checkbox"/> Remove
MGR	Dennis Williams		<input type="checkbox"/> Add
		7648 Miramar Pkwy Miramar, FL 33023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Change address to P O Box 172455 Hialeah, FL 33017-2455

Remove address 7648 Miramar Pkwy Miramar, FL 33023

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

Signature of a member or authorized representative of a member

Marie Harris

Typed or printed name of signee

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FBI - ALBANY