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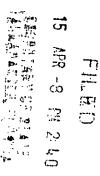
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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M. MILLIGAN EXAMINER

APR 2 1 2015

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	ECT;	First Hand To Succe	ss LLC	
30170			ited Liability Company	
The er	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
			Dennis Williams	
			Name of Person	"
		Firs	t Hand To Success LLC	
			Firm/Company	
		764	48 Miramar Parkway	
		_	Address	
			Miramar, FL 33023	
			City/State and Zip Code	
			Ilia1958@yahoo.com	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	ther information co	oncerning this matter, please ca	all:	
	Dennis Willia	ms	at (<u>954</u>) <u>274-4586</u> Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Б. 1		6.11		
		e following amount:		
⊠ \$2	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

	T	U		40
ARTIC		PRGANIZATION		1 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
	О	F	•	
First Hand	d To Success	LLC		
(Name of the Limited	A Florida Limited J	ny as it now appears on our record ability Company)	19.)	
he Articles of Organization for this Limited Lia	bility Company	were filed on 03-19-201	5	and assigned
lorida document numberL15000049630	·			
his amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited ligh	ility communy here!		
. It amending name, enter the new name of t	<u>are unifico nao.</u>	mer tompany mere,		
he new name must be distinguishable and end with the wi	ords "Limited Linb	ility Company," the designation "LL	C" 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 33017-245	5	
nter new mailing address, if applicable:		P O Box 172455		
(Mailing address MAY BE A POST OFFICE BOX)		Hialeah, FL 33015		
egistered agent and/or the new registered offi	r registered of ice address here Maria I	<u>:</u>	<u>enter</u>	the name of the n
egistered agent and/or the new registered offi Name of New Registered Agent:	Maria l	e: Harris	<u>enter</u>	the name of the n
egistered agent and/or the new registered offi	Maria l	<u>:</u>		the name of the n
· ·	Maria l	Harris N W 67th Court Enter Florida street address		the name of the n

If Changing Registered Agent, Structure of New Registered Agent

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 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

9549640282

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maria Harris	P O Box 172455 Hialeah, FL 33017-2455	⊠ Add
			□ Remove
MGR	Brian Harris		
		7648 Miramar Pkwy Miramar, FL 33023	
		Willethat, FE 33023	⊠ Remove
MGR_	Dennis Williams		
		7648 Miramar Pkwy	
		Miramar, FL 33023	Remove
		J. P. S.	
			□ Add ^C
			Ranove
			6
			Add
			□ Remove
			□ Remove

9549640282

D. If a	mending any other information, enter change(s) here: (Allach additional sheets, if necessary.)
	Change address to P O Box 172455 Hialeah, FL 33017-2455
	Remove address 7648 Miramar Pkwy Miramar, FL 33023
	ective date, if other than the date of filing: Tective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
Date	
	and the second s
	Signature of a member or authorized epicescritative of a member
	Marie Harris
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

