## 115000063823

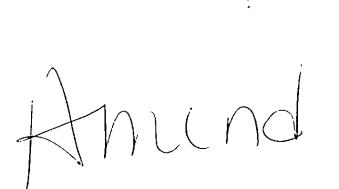
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I ALBRITTON

## **COVER LETTER**

то:	Registrati Division o			•		
entour	MY MY	FIRST	PROPERTIES, LLC			
SOBJE	C1:		Name of Limi	ited Liability Company		
The enc	losed Articl	les of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all cor	rrespond	ence concerning this matter	to the following:		
			CARLOS O CHIRINO			
				Name of Person		
			MY FIRST PROPERTIES.	. LLC		
				Firm/Company		
	13303 SW 124th St,					
				Address		
			MIAMI, FL 33186			
			carloschirino91@hotmail.co	City/State and Zip Code om	<i>:</i>	
			E-mail address: (t	o be used for future annua	l report notification	on)
For furtl	her informat	tion con	cerning this matter, please ca	ilt:		
Carlos (	O Chirino			786 83	38-1626	
	N	ame of P	erson		Daytime Tele	ephone Number
Enclose	d is a check	for the	following amount:			
<b>■</b> \$25	.00 Filing Fe	ee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

TO:

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



February 23, 2019

CARLOS O. CHIRINO 13303 SW 124TH ST MIAMI, FL 33186

SUBJECT: MY FIRST PROPERTIES, LLC

Ref. Number: L15000063823

We have received your document for MY FIRST PROPERTIES, 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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Lette

Letter Number: 319A00003885

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www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 DAR 18 PM 3: 16

MY FIRST PROPERTIES, LLC			·
(Name of the Lin	ited Liability Company (A Florida Limited Lia	v as it now appears on our records.) /:	<del> </del>
The Articles of Organization for this Limited	Liability Company w	vere filed on 04/13/2015	and assigned
Florida document number L15000063823		· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liabili	ity company here:	
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			·
Enter new mailing address, if applicable:			
**	S BASS		
(Mailing address MAY BE A POST OFFICE	: BUA)	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address here:	ce address on our records, enter t	he name of the new
Name of New Registered Agent:	M.E. & C.O. INV	ESTMENT INC.	
New Registered Office Address:	13303 SW 124th 5	Street	
		Enter Florida street address	
	MINNE		

## 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.

City

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>	Name	Address	Type of Action
MGR	ROGELIO F CURIEL		🗀 Add
		13183 SW 195th St. Miami , FL 33177	<b>■</b> Remove
	DAGMAR E FUENTES		□ Change
AMBR	BROCHE		
		13183 SW 195th St, MIAMI, FL, 33177	≅ Remove
			Change
			Remove
			□ Change
			□ Add
			□ Remove
			Change
<del>.</del>			Add
			Remove
			Change
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		1844 <u> 19</u> 48-	□ Remove
			Change

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	DINANI.	. D.V. I.4. 261.2		
ective date, if other than the da effective date is listed, the date must be	te of filing: <u>FEBRU</u> specific and cannot be no	ior to date of filing or i	option (option) (option) (option)	<b>121)</b> iling ) Pursuant to 605 01
e: If the date inserted in this block	does not meet the app	licable statutory fili		
ument's effective date on the Depa	riment of State's recor-	ds.		
record specifies a delayed e he 90th day after the record		not an effective	time, at 12:01 a.	m. on the earlier
	. ,			
FEBRUARY 13	2019			
20		,		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00