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Certified Copies	Certificates	of Status
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FIRST Street Ventures 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:
rease retain an correspondence concerning this matter to the following.
Lori L- LARGE Name of Person
, mile of Farson
FIRST Street VENTURES LLC
2250 FIRST St. Address
TH. MyERS, Fl. 33901  City/State and Zip Code  LD LARGE 61 @ ME. Com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code  A D LARGE Lol Q MF Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LORI L. LARGE at (239) 462-8664 D
Name of Person Area Code Daytime Telephone Number:
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

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

(Name of the Limited Liability Company (A Florida Limited Lia	NTURES LLC as it now appears on our record bility Company)	<u>                                      </u>
The Articles of Organization for this Limited Liability Company w Florida document number	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2015 OCT 23 SECRETARY OF TALLAHASSE
B. If amending the registered agent and/or registered office address here:	ce address on our record	s, enter the mame of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	ss
· <del></del>		lorida
	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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mge	DAVID RENAUD	1583 Comberland Ct	Add
		Ft MyERS, Fl. 33919	Remove
			Change
Mar	DAVID LARGE	1901 CLIFFORD St #20	/_□ Add
		Et. MyERS, Fl. 3390	Remove
			Change
Mar	TRICIA L. DAVIS	4210 N.E. 23ed PL	X Add
		Cape CORAL, FI	Remove
		33909	Change
		ALL AI	
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Filing Fee: \$25.00