

L15000071257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

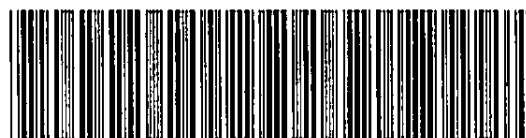
(Business Entity Name)

(Document Number)

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2017 AUG 23 AM 11:10  
TALLAHASSEE, FL 32301

AUG 25 2017  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** First Coast School of Real Estate, 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:

Nanci Soriano

\_\_\_\_\_  
Name of Person

First Coast School of Real Estate, LLC

\_\_\_\_\_  
Firm/Company

11701 San Jose Blvd Ste 21

\_\_\_\_\_  
Address

Jacksonville, FL 32223

\_\_\_\_\_  
City/State and Zip Code

nancisoriano@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nanci Soriano

904

260-5300

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

First Coast School of Real Estate, LLC

The Articles of Organization for this Limited Liability Company were filed on 04/13/2015 and assigned Florida document number L15000071257

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

**Enter new principal offices address, if applicable:**

***(Principal office address MUST BE A STREET ADDRESS)***

**Enter new mailing address, if applicable:**

***(Mailing address MAY BE A POST OFFICE BOX)***

11701 San Jose Blvd Ste 21

Jacksonville, FL 32223

**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:

**New Registered Office Address:**

Enter Florida street address

## Florida

Civ

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Stanley H Bishop Jr	1929 Park Avenue	<input type="checkbox"/> Add
		Orange Park, FL 32073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Stanley H Bishop Sr	1929 Park Avenue	<input type="checkbox"/> Add
		Orange Park, FL 32073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2017  
JUL 20  
AUG 20  
SEP 20  
OCT 20  
NOV 20  
DEC 20

[illegible]

08/18/2017

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 18

2017

Signature of a member or authorized representative of a member

Raymond Rivera

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

FILED  
2017 AUG 23 AM 11:18  
CLERK OF DISTRICT COURT  
JANUARY 18, 2017  
TALLAHASSEE, FLORIDA