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D. SCOTT
DEC 18 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIRST FIDELTY FINANCIAL TRUST, 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:

Barry B. Byrd
Name of Person
Pineiro Byrd PLLC
Firm/Company
4600 Military Trail, Suite 212
Address
Jupiter, FL 33458
City/State and Zip Code
bbyrd@pblawfla.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry B. Byrd at (561) 799-9280
Name of Person Area Code Daytime Telephone Number

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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

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>
MGR	Jarod Grob	236 Via D'Este, Unit 1406 Delray Beach, FL 33445	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Mehmet Kaan Sert	236 Via D'Este, Unit 1406 Delray Beach, FL 33445	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Neal Grob	138 Isle Verde Way Palm Beach Gardens, FL 33418	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

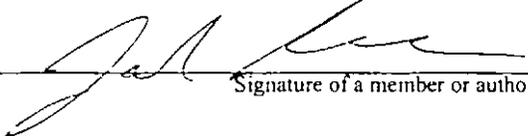
Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: 12/7/2018 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 7 2018



Signature of a member or authorized representative of a member

JAROD GROB

Typed or printed name of signee