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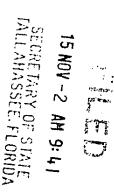
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DIVISION OF COR	porations		
FIRST DAV	WN INVESTMENTS, LLC		
SOBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	HILORY J SURMIAK		
		Name of Person	
	FIRST DAWN INVESTM	ENTS LLC	
	·	Firm/Company	
	121 WILDER STREET		
		Address	,
	NICEVILLE, FL 32578		
		City/State and Zip Code	
	admin@fdillc.com		
	E-mail address: (t	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	ail:	
HILORY J SURMIAK		702 900-8642 at ()	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

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**

FIRST DAWN INVESTMENTS, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records, imited Liability Company))
The Articles of Organization for this Limited Liability Con Florida document number L15000154615	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		enter the name of the ne
		15 J
Name of New Registered Agent:		NO SA
New Registered Office Address:		SS N throng.
	Enter Florida street address	79 3 77
,	, Flor	rida C C C C C C C C C C C C C C C C C C C
	City	Zip Code

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

Title	<u>Name</u>	Address	Type of Action
MGR	CRUZ, ERICK	311 5TH AVENUE	
		PELHAM, NY 10803	Remove
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Hilay Sumak Signature of a member or aut					
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Filing Fee: \$25.00