

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Deannest Number) |
| (Document Number) |
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S. WARREN AUG 0 1 2017

COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|---|--|
| SUBJECT: F/ | rSt Premier Name of Limi | CVYD'T ted Liability Company | LLC_ |
| The enclosed Articles of | f Amendment and fee(s) are subn | nitted for filing. | |
| Please return all corresp | ondence concerning this matter t | to the following: | |
| | R:char | d Scharffe Name of Person | <u>~</u> |
| | First Pre | Micr Credit | ++c |
| | | de Pepi | |
| | Bognton | Beach F City/State and Zip Code | L 33426 |
| | richand, 5 E-mail address: (to | chaeffer: fl do be used for future annual report to | 1 3:3426 2 9 n a:1. Com |
| For further information | concerning this matter, please ca | | · |
| Richard | Scharffer of Person | at (<u>919</u>) 4 Area Code Dayti | 17 2742 mc 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| First Pro (Name of the Limited Lia (A Flo | mer C | ord:4 | Ltc | |
|--|-------------------------|---|-----------------------|---------------------|
| (<u>Name of the Limited Lia</u> (A Flo | orida Limited Liabili | <u>it now appears on o</u> ty Company) | ur records.) | |
| The Articles of Organization for this Limited Liability Florida document number | y Company were 60785 | e filed on <u>O多</u> / | 25/2016 | and assigned |
| This amendment is submitted to amend the following | g: | | | |
| A. If amending name, enter the new name of the l | limited liability | company here: | | |
| The new name must be distinguishable and contain the words | Limited Liability Co | ompany," the designa | tion "LLC" or the abb | oreviation "L.L.C." |
| Enter new principal offices address, if applicable: | _ | | | |
| (Principal office address MUST BE A STREET AD | DRESS) | | | - |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | <u>-</u> | | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | | address on our | records, enter | the name of the new |
| Name of New Registered Agent: | ··· | | | |
| New Registered Office Address: | | Enter Florida str | eet address | |
| | | | Florida | |
| _ | (| City | | Zip Code |
| New Registered Agent's Signature, if changing Register | ered 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. Of, 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> Name | Address **Type of Action** MGR Richard Schneffer 1450 Via de Pepi Will Boymon Beach, FL _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove . ☐ Change

☐ Change

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| ffective | date, if other than the date of filing: |
| an effect | we 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed |
| ocumen | 's effective date on the Department of State's records. |
| | |
| | d angifing a delayed off-sking data but ask as effective king at 12.04 and a black line |
| The 9 | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. Oth day after the record is filed. |
| | and a feed a fee |
| | 7/24/2017 |
| ated | 7/21/2017 |
| | Man South Man Fig. |
| | - IMM INVIVIVE E |
| | Signature of a member or authorized representative of a member |
| | |
| | $\mathcal{L}_{\mathcal{L}}$ |
| | Richard Schart ffor Typed or printed name of signee Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00