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## **COVER LETTER**

	gistration Sec vision of Cerp			
SUBJECT:	FIRST DRI	VER LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		MANUEL ENRIQUE LEI	DEZMA MORALES	
			Name of Person	•
		FIRST DRIVE LLC		
		<del></del>	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		9090 NW SOUTH RIVER	DRIVE	
		<del>,</del>	Address	<del></del>
		MEDLAY FLORIDA 331	66	
			City/State and Zip Code	<del>· · · · · · · · · · · · · · · · · · · </del>
		fristdriverusa@gmail.com		
For further i	nformation co	e-mail address: (o	to be used for future annual report notificall:	cauon)
MANUEL	ENRIQUE LE	EDEZMA MORALES	786 716 8053	
	Name of	Person		Telephone Number
			·	
Enclosed is	a check for the	e following amount:		
\$25.00 i	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 DRIVER LLC  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on	にはて
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  9090 NW SOUTH RIVER DRIVE SUITE 20-22  MEDLEY FLORIDA 33166  Enter new mailing address, if applicable:  9090 NW SOUTH RIVER DRIVE SUITE 20-22	- TC
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  9090 NW SOUTH RIVER DRIVE SUITE 20-22  MEDLEY FLORIDA 33166  Enter new mailing address, if applicable:  9090 NW SOUTH RIVER DRIVE SUITE 20-22	_
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  9090 NW SOUTH RIVER DRIVE SUITE 20-22  MEDLEY FLORIDA 33166  Enter new mailing address, if applicable:  9090 NW SOUTH RIVER DRIVE SUITE 20-22	_
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(Principal office address MUST BE A STREET ADDRESS)  MEDLEY FLORIDA 33166  Enter new mailing address, if applicable:  9090 NW SOUTH RIVER DRIVE SUITE 20-22  MEDLEY FLORIDA 33166	
(Principal office address MUST BE A STREET ADDRESS)  MEDLEY FLORIDA 33166  Enter new mailing address, if applicable:  9090 NW SOUTH RIVER DRIVE SUITE 20-22  MEDLEY FLORIDA 33166	
Enter new maining audress, it applicable:	<del>-</del>
MEDIEVELODIDA 22166	_
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  9090 NW SOUTH RIVER DRIVE SUITE 20-22  Enter Florida street address	new
MEDLEY , Florida 33166	
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

It 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 <u>Address</u> Type of Action □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change Add OCTOVE \_\_\_\_Chan ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add

☐ Remove

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Effect	tive date, if other than the date of filing: (optional)
(If an eff	ffective 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.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to
docum	nent's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier as 90th day after the record is filed.
	September 27
Dated	A MA
	III $III$

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00