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| Special Instructions to Filing Officer: |                    |             |
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## COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| Division of Corporations   |   |
|--|---|
| SUBJECT: FIRST Fruits Talk R Name of Limited Liabil                      | hity Company  |
| The enclosed Articles of Amendment and fee(s) are submitted fo           | r filing.   |
| Please return all correspondence concerning this matter to the following | lowing:   |
| Faye, E. Ja  | me of Person  |
| First Fruits I   | alk kadio ASE LLC   |
| 5145.E.Horid   | ast and P.O.Box (a) (Mailing)   |
| Stuart, FL 3L  | ate and Zip Code  |
| o tirst-fruitsta   | Ikradio ase Ima or james for future annual report notification)  Faye annual report notification)                       |
| FOUR Formes and Person at  | Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:                            |   |
| Certificate of Status Co   | 5.00 Filing Fee & S60.00 Filing Fee, ertified Copy Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section                                    | Street Address: Registration Section  |

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



September 6, 2022

FAYE ELIZABETH JAMES 514 S.E. FLORIDA STREET STUART, FL 34994

SUBJECT: FIRST FRUITS "TALK RADIO" ASE' LLC

Ref. Number: L17000061321

We have received your document for FIRST FRUITS "TALK RADIO" ASE' LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 122A00019758

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ed Liability Company as it now apper (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Da 35 and assigned Florida document number This amendment is submitted to amend the following: 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 "LI Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) (Same) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

## 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.

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

Address Type of Action Title Name Rivadh Change \_ Change \_\_\_\_\_ 🗆 Remove \_\_\_\_\_ DChange \_\_ 🗆 Add \_\_\_\_ Remove \_\_\_\_ □Change □Remove \_\_\_\_\_ □Change □ Remove \_ □Change