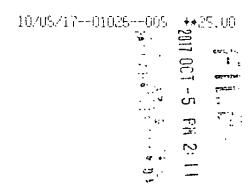
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OCT NO 2017 HARRIES

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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:
Ishaelle Exantus Name of Person
Firm/Company
4324 S Magnolia Cir Address
Tellay Beach FL 33445 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TShaelle Exantels at (SG) 507-4602 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: 2 S25.00 Filing Fee S260.00 F

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

TSharleexan to Name of the Limited Liability (A Florida L	Company as it now appears on our limited Liability Company)	records.)	_	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L1700017349</u>	mpany were filed on <u>X/1</u>		l assigne	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
First Family Trus The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	n "LLC" or the abbreviation	n "L.L.C."	
Enter new principal offices address, if applicable:		<u></u>	<u>~3</u>	
Principal office address MUST BE A STREET ADDRE	ESS)	7.	17 dc1	:
	<u> </u>		- CJ	
Enter new mailing address, if applicable:			P	
(Mailing address MAY BE A POST OFFICE BOX)	ew principal offices address, if applicable: and office address MUST BE A STREET ADDRESS) ew mailing address, if applicable:			
				
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our r ess here:	ecords, enter the na	me_of_t	he nev
Name of New Registered Agent:			-	
New Registered Office Address:	Enter Florida stree	t address		
		Florida	• ;	
	Ciţ	Zip C	ode	

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

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
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			☐ Remove
			Change
			Add?
			Remove
			—————————————————————————————————————
			Add
			Remove
			Change

Effective date, if other than the date of filing: (optional) fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	
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the second of th) Pursuant to 605.0207 will not be listed as
e record specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ The 90th day after the record is filed.	on the earlier of
	2017 EALL
nated	,
July 21 To	
Signature of a member Ar authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00