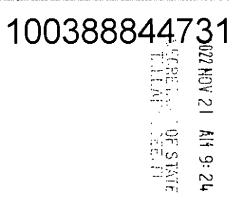
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(Re	equestor's Name)	
(Ac	ddress)	
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·	ty/State/Zip/Phone	#)
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer.	
		

Office Use Only





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COVER LETTER

FO: Registration Ser Division of Corp			
SUBJECT:	First Family Tru	ast	
, Obst	Name of Limit	ted Liability Company	
Florenciased Articles of	Amendment and fee(s) are subi	nitted for filing.	
	ndence concerning this matter t		
•	,		
	Larry	Exantus Name of Person	
	_		
		Firm Company	
	1300 NW	17th Ave 273A	
		Address	
	<u>Delray</u> Bea	City/State and Zip Code City/State and Zip Code Coming trust. Com to be used for future annual report no	
	Larry@ Arst	amin trust, com	rification)
For further information of	concerning this matter, please co		(Meadon)
larou ē	VanLie	ov (5/4) 860	- 7401
Name C	Xantus of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 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 Addre		Street Address:	
Registration		Registration S Division of Co	
Division of C P.O. Box 633		The Centre of	
Tallahassee,		2415 N. Moni	oe Street, Suite 810

Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Firs	+ Family	Trust	2022 N	0V 21	AH 9: 24
(Name of the Limited (A	Liability Company Florida Limited Liab	as it now appears on outlity Company)	ir records.) Signal III.	En. Co Larras	OF STATE
The Articles of Organization for this Limited Liab	oility Company we	ere (iled on _ <i>_08 !</i>	1/2017	and as	ssigned
Florida document numberL17000172491	· · ·		•		
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabilit	v company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the designat	ion "LLC" or the ab	breviation "	L.L.C."
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	9 <u>0X)</u>				
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:				
Name of New Registered Agent:	Lar	ry tra	ntus		·, · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	1300	MW 17	AVE 2	73A	
		MW 17th Emer Florida st Beach City	, Florida	334 Zip Co	45 ⁻
New Registered Agent's Signature, if changing R	<u>legistered Agent:</u>				

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ishaelle Exantus	4324 S. Hagnolia Cir	□Add
		Delray Beach, FL 33445	X Remove
,			
ambr_	Shnorby Buteau	1300 NW 17th Ave. 273 A	X Add
	-	Delvay Beach, FL 33445	□Remove
			□Change
			□Add
			□Remove
			□Ađd
			□Remove
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			<u>.,</u>		
<u>e:</u> If the date inser	er than the date of fili b, the date must be specific a ted in this block does no ate on the Department o	it meet the applica	able statutory filing	(option of the standard of the	nal) filing.) Pursuant to 605.03 date will not be listed
cord specifies a del s filed.	ayed effective date, but r	iot an effective tii	me, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after t
ed Nover	nber 21st	2027	<u>2</u> .	7	
		ta member or author	orized representative	of a member	
	Signature Of	; a memoer of addic	orized representative	or a memori	

Filing Fee: \$25.00