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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone #)	
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D. SCOTT OCT 1 n 22

COVER LETTER

Division of Corpo			
SUBJECT: Sou	th Florida Name of Limi	First Responders	S.LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	C	1 Pineiro Name of Person	sonders LLC
		Firm/Company	
	105675 Over	Seas 1-tuy Address	
		City/State and Zip Code O AMAIL Com To be used for future annual report notific	
			cation) -
For further information con	ncerning this matter, please ca	all:	
Jahriel F	inecro	at (<u>186)</u> 282 -	0238
Name of I	Person	Area Code Daytime	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 Fec. 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

The Articles of Organization for this Limited Liability Company were filed on 9/36/3017Florida document number <u>L1</u>7000/98976 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 "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Enter Florida street address City 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

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person	being added
or removed from our records:	1

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
o-Dwner	Fred Waldman	105675 Overseas Hwy	Add
		KeyLargo, FL 3303	Z□ Remove
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)wner	Jahziel Pineiro	105075 Oversios Hu	Add
		Key Largo, FC 330	分 Remove
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with Janziel Pineuro		
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ve date, if other than the date of filing:	(optional)	,
ective date is listed, the date must be specific and cannot be prior to date of	of filing or more than 90 days after filing	;.) Pursuant to 60
If the date inserted in this block does not meet the applicable sta ent's effective date on the Department of State's records.	itutory filing requirements, this date	will not be his
cord specifies a delayed effective date, but not an e	effective time, at 12:01 a.m.	on the earl
90th day after the record is filed.		
October 9th 2017		
Signature of a member or authorized re		

Page 3 of 3

Filing Fee: \$25.00