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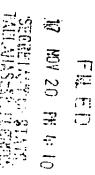
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COVER LETTER

	gistration Sec ision of Corp				
CUNICA	First Repons	se Holdings, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please returr	all correspor	ndence concerning this matter	to the following:		
		Mark Womack			
			Name of Person		
		First Response Holdings, I	LLC		
			Firm/Company		
		25145 NW 140th LN			
		· · · · · · · · · · · · · · · · · · ·	Address		
		High Springs, FL 32643			
City/State and Zip Code					
		mkwomack56@msn.com	to be used for future annual report notifi	cation)	
For further i	nformation co	oncerning this matter, please co	·	canny	
Mark Woma	Aark Womack 352 516-4328 at ()				
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e following amount:			
■ \$25.00 F	iling 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:

TO:

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

(Name of the Limited Liability Co	mpany as it now appears on our records ited Liability Company)	<u>s.</u>)
(A Florida Limi	ned Diability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 11/1/2017	and assigned
Florida document number L17000228352		
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 L	liability Company," the designation "LLC	" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	自己
		性でも可
		20
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		26.5 4.
		5 5
	 	
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address		s, enter the name of th
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	s
	F)	
	, FIC	orida Zio Code

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	Kelly Womack	25145 NW 140th LN	□ Add
		High Springs, FL 32643	Remove
			□ Change
	 		□ Add
			☐ Remove
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ective date, if other than the date is listed, the date must be te: If the date inserted in this bloc cument's effective date on the Dep	ate of filing: e specific and cannot be prior k does not meet the applica	able statutory filing	(optionare than 90 days after fili requirements, this da	ng.) Pursua	nt to 60 t be lis	05.0 stee
record specifies a delayed of the 90th day after the recor	effective date, but no d is filed.	t an effective tir	me, at 12:01 a.n	ı. on the	ear	lie
November 1	2017					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00