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COVER LETTER

Division of Co	rporations				
SUBJECT:	First and Mane JBJECT:				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Tamira R Carter				
		Name of Person			
	First & Mane LLC				
	<u> </u>	Firm/Company			
	6815 W University Ave				
		Address			
	Gainesville FL 32608				
		City/State and Zip Code			
	tamiracarter@gmail.com				
	E-mail address: (to be used for future annual report notifi	cation)		
For further information	concerning this matter, please co	all:			
Tamira R Carter		352 214-8516 at ()			
Name	of 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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**

First o	& Mane LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{2/07/2018}{}$	and assigned
Florida document number L18000034276		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8 2 3 3
(Principal office address MUST BE A STREET ADDRESS	2	<u> </u>
		A HANT
		BSK BERK
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		STA OR
		8 DF
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enier r ioriaa street aaaress	
	, Florida _	7: 0 - 1 -
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>ent:</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	Damon Woodard	1505 Fort Clarke Blvd #4107 Gains	■ Add
			□ Remove
			□ Change
MGR	Dwayne Anthony Carter	10583 Flatlands 5th Street Brooklys	■ Add
			Remove
			□ Change
			Add
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Effective date, if other than the (If an effective date is listed, the date many Note: If the date inserted in this document's effective date on the	e date of filing: In the specific and cannot be prior to date of filing or more the statutory filing records to describe the statutory filing records.	(optional) han 90 days after filing.) Pursuant to 605.0207 quirements, this date will not be listed as t
the record specifies a delaye) The 90th day after the re	ed effective date, but not an effective time cord is filed.	e, at 12:01 a.m. on the earlier of:
Dated April 8th	, 2018	
Man	Signature of a member of authorized representative of a	member
	and the second s	memori
	Tamira Rae Carter Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00