L18000070307

(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ty/State/Zip/Phone	e #)	
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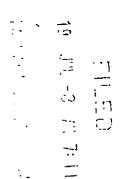
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JUL 1 7 2019 S. YOUNG



COVER LETTER

Division of	of Corporations				
endiect.	1st Choice Builders of Florida,	LLC			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Artic	les of Amendment and fee(s) are sub	omitted for filing.			
Please return all co	rrespondence concerning this matter	to the following:			
		Lori M. Regan-Riley			
		Name of Person	· 		
	İst	Choice Builders of Florida, LLC			
		Firm/Company			
		1486 Skees Road, Suite E			
		Address			
	•	West Palm Beach, FL 33411			
		City/State and Zip Code			
		Lori.M.Riley@gcpat.com			
	E-mail address:	(to be used for future annual report notif	ication)		
For further informa	ntion concerning this matter, please o	call:			
Cha	arles Marcotte	954 448-5717 at ()			
}	Same of Person		: Telephone Number		
Enclosed is a checl	k for the following amount:				
□ \$25.00 Filing I	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:

Registration Section

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**

1st Choice Builders of Florida,	LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed of Florida document numberL18000070307	on03/19/2018	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	iny here:	
No Change		
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	No Change	
(Principal office address MUST BE A STREET ADDRESS)		6
	-	۷:
Enter new mailing address, if applicable:	No Change	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	- [i/
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ess on our records, enter the	e name of the n
Name of New Registered Agent:	No Change	- · · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	No Change	· · · · · · · · · · · · · · · · · · ·
En	ter Florida street address	
	, Florida	
City		Zip Code
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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR A	Adam Miller	1486 Skees Road, Unit E	⊒ Add
		West Palm Beach	
			Remove
			Change
MGR	Charles Marcotte	1486 Skees Road, Unit E	Add
		West Palm Beach	☐ Remove
			Change
MGR	Rajesh Verma	1486 Skees Road, Unit E	≅ Add
		West Palm Beach	□ Remove
			Change
		-	□ Remove
		.	☐ Change
			□ Add
			□ Remove
		.	Change
			Add
			□ Remove
			Change

					
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Note: If the	te, if other than the date late is listed, the date must be so date inserted in this block of effective date on the Depart	loes not meet the applica	o date of filing or more ble statutory filing re	(optional) than 90 days after filing.) l equirements, this date w	Pursuant to 605,0207 (3 ill not be listed as th
	specifies a delayed eff day after the record		an effective tim	e, at 12:01 a.m. o	n the earlier of:
Dated	June 27	. 2019			
	Charles pra	restt			
-6					
-6	Sign	ature of a member or autho	rized representative of	a member	

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Filing Fee: \$25.00