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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	First Home Name of Limited	Alliance LLC	
The enclosed Articles of Am	endment and fee(s) are submit	ted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
		ALIM CHRAIR	
	Blue Nest	Development LLC Firm/Company	
	<u>58 Nw</u>	34Th Tu,	
-	_	PL, 33127 City/State and Zip Code Bluenest-W De us Clor future annual report notific	
For further information conc	erning this matter, please call:		
Salui () Name of Pe	rson	at (<u>805</u>) <u>4 (8 –</u> Area Code Daytime T	5656 Telephone Number
Enclosed is a check for the f	ollowing amount:		
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Cartified Copy (additional copy is enclosed)	\$60.00 Filing Fee. 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

First HOME (Name of the Limited Liability Compa (A Florida Limited)	AULIANCE Inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000 104 197</u> .	were filed on 04/25/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	58 NW 34TR TO, # 500 Miami FL, 33127 & 500 1 927
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	S8 NW 3hTh Ter, Bright Mianui FL, 33127 & Bright
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent: B1	lue Nest Development LL
New Registered Office Address:	8 NW 3 4Th Tu Enter Florida street address
<u>Mi</u>	City . Florida 33127
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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Blue Nest Davelopment	58 NW 34th Ta, Miam	Add
		FL, 33127	Remove
			Change
AMBR	LOGIC Realty	111 SW 3rd St Suite	(QAdd
	Cop	111 SW 3rd St Suite 201, Main PC, 33/30	☐ Remove
AMBR	CHRAIB, SAUTT	900 Biscagne Blude	
		Apt 5309, Mian PC, 33/32	Remove
			Change
			a Add
			Remove
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an effective date is ote: If the date i	other than the date listed, the date must be s inserted in this block d ive date on the Depart	pecific and cann loes not meet t	iot be prior to da the applicable			after filing.) Purs	
	fies a delayed effor		, but not ar	effective t	ime, at 12:0)1 a.m. on th	ne earlier
ated <u>Hay</u>	y 30Ph	&	2018	5)			
			_ / \ //	1			
	Sign	iture of a memb	er or authorize	d representative	of a member		

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Filing Fee: \$25.00