## 118000109280

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## **COVER LETTER**

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30001.C1.		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	i all correspo	ndence concerning this matter	to the following:			
		Judith A Neluna				
		-	Name of Person			
		1st In Last Out, LLC				
			Firm/Company			
	1236 Selman Road					
		Address				
		Leesburg, Florida, 34748		<del></del>		
		backdrft31@gmail.com				
Car firebar i	nformation a	E-mail address: ( oncerning this matter, please c	·	cation)		
Jose S Nelu		oncerning this matter, piease c	Name of Person  Firm/Company  Address  Sity/State and Zip Code  e used for future annual report notification)  at (			
<u>.</u>	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00 1	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy		

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

1st In Last Out, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our records Liability Company)	_)
The Articles of Organization for this Limited Liability Company	were filed on May 1, 2018	and assigned
Florida document number L18000109280		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
1st In Last Out Diving, LLC		
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:	1236 Selman Rd	
(Principal office address MUST BE A STREET ADDRESS)	Leesburg Florida, 34748	
		2218
		• • • •
Enter new mailing address, if applicable:		JUL
(Mailing address MAY BE A POST OFFICE BOX)		35 N 1
		PH PH
	<del></del>	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enterathe name of the ne
	_	
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
·· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	
	Flo	rida
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jose S Neluna	1236 Selman Rd	₩ Add
		Leesburg Ft., 34748	□ Remove
			☐ Change
			□ Remove
			Change
	<del></del>		Add
			☐ Remove
		<del>-</del>	□ Change
			Add
			☐ Remove
		<del></del>	☐ Change
			Add
		<del></del>	Remove
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			Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of file		
<u>Fote:</u> If the date inserted in this block does not meet the applicable statuto ocument's effective date on the Department of State's records.	ry filing requirements, this date will not be	isted as
control of the contro		
e record specifies a delayed effective date, but not an effec	rtive time, at 12:01 a.m. on the ea	rlier of
The 90th day after the record is filed.		
To gath		
Dated Jour 27th . 2018.		
(/ 1/-1 / )		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00