# 1190000 65224

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FIRST RENEW	1
	Nmited Liability Company
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matte	r to the following:
<u> </u>	van Darling
	Name of Person
	FirstRenew
	Firm/Company
	908 edgetill circle
	Address
Tallo	ihassee, Fl 32303
	City/State and Zip Code
F-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please	
Antwan Darling	.786 . 812-0951
Name of Person	at (786) 812-0951  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee.
Certificate of Status	Certified Copy Certificate of Status & Certified Copy
/	(additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

U	Γ	
Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on ou tability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900005224</u>	were filed on MAYO	h 7, 2019 and assigned ?
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designati	ion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	231 Cypress Panokee, FI	Ave
(Principal office address MUST BE A STREET ADDRESS)	Kanokee, Fl	34116
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records	s, enter the name of the new registered
New Registered Office Address:		
	Enter Florida stre	eet address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr		

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	Sharonda Johnson-King	908 adgehill circle	🗆 Add
		Tallahassee, Fl 32303	□Remove
		<b>⊘</b> Change	
		<del></del>	□Remove
			🗆 Change
		DAdd	
			□Remove
			□Change
			□Remove
		<del> </del>	Change
	<del></del>	🗆 Add	
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			Changa

## Page 2 of 3

II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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-	· · · · · · · · · · · · · · · · · · ·
-	
(If an effect <u>Note:</u> II	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated _	16th December. 2019.
	Signature of a member or authorized representative of a member)
	Antwow Darling Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00