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(Document Number)

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Amendments

JUN 10 2019  
FALLERITTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1<sup>st</sup> Task, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron Lewis  
Name of Person

1<sup>st</sup> Task, LLC  
Firm/Company

8606 White Poplar Dr.  
Address

Riverview, FL 33578  
City/State and Zip Code

aaron.lewis67@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Lewis at (813) 365-4933  
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:**  
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

1<sup>st</sup> Task, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/18/19 and assigned Florida document number 219000106959

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Aaron Lewis

New Registered Office Address:

8606 White Poplar Dr.  
Enter Florida street address

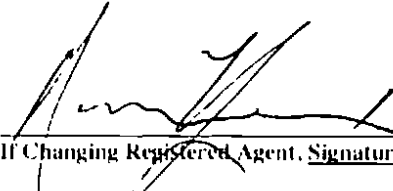
Riverview  
City

Florida

33576  
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Angel Woodmark	3433 Lthia Pinecrest	<input type="checkbox"/> Add
		Ste #339, Valrico, FL 33596	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AP	Amy Sim	3433 Lthia Pinecrest	<input type="checkbox"/> Add
		Ste #339, Valrico FL 33596	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Lined area for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

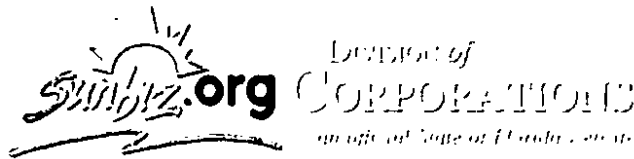
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3/23/2019

Signature of a member or authorized representative of a member

Aaron T. Lewis
Typed or printed name of signee



Department of State / Division of Corporations / Search Records / Detail By Document Number /

### Detail by Entity Name

Florida Limited Liability Company

1ST TASK, LLC

#### Filing Information

**Document Number** L19000106959

**FEI/EIN Number** NONE

**Date Filed** 04/18/2019

**State** FL

**Status** ACTIVE

#### Principal Address

8606 WHITE POPLAR DRIVE  
RIVERVIEW, FL 33578

#### Mailing Address

8606 WHITE POPLAR DRIVE  
RIVERVIEW, FL 33578

#### Registered Agent Name & Address

PHINAZEE CONSTRUCTION & CONSULTING SERVICE  
3433 LITHIA PINECREST RD.  
SUITE 339  
VALRICO, FL 33596

#### Authorized Person(s) Detail

##### **Name & Address**

Title MGR

LEWIS, AARON T  
8606 WHITE POPLAR DRIVE  
RIVERVIEW, FL 33578

Title AMBR

WOOD MARK, ANGEL  
3433 LITHIA PINECREST RD., SUITE 339  
VALRICO, FL 33596

Title AMBR

LEWIS, SHEILA F  
8606 WHITE POPLAR DRIVE  
RIVERVIEW, FL 33578

Title AP

SIM, AMY

3483 LITHIA PINECREST RD., SUITE 339

VALRICO, FL 33596

**Annual Reports**

**No Annual Reports Filed**

**Document Images**

04/18/2019 -- Florida Limited Liability

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