## L19000112203

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## COVER LETTER -

TO: Registration Section Division of Corporations
SUBJECT: First Capital Partners, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Coleman Name of Person
Firm/Company
343 Conniston Rd Address
West Palm Beach, FL 33405 City/State and Zip Code slycoleman @gmail.com
slycoleman@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Coleman at (561) 320-1909  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee & Certificate of Status \$\Bigcup \$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 Capital Partn.	ers LLC	r records.)
(A Florida Limite	npany as it now appears on ou ed Liability Company)	, , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Liability Compa Florida document number <u>L19000112203</u>	ny were filed on 4/2	24/19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
First Global Partners LLC	-	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		19 19 19 19 19 19 19 19 19 19 19 19 19 1
		2 288
Enter new mailing address, if applicable:		m <sub>g</sub> = m
(Mailing address MAY BE A POST OFFICE BOX)		
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
<del>-</del>	Enter Florida stre	et address
		Florida
	City	Zip Code
Million Committee of American Committee of the Committee		

## 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>	Name	Address	Type of Action
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			☐ Remove
			☐ Change
			□ Add
			□ Remove
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	C. C.	
ffective date, if other than the date of filing:  m effective date is listed, the date must be specific and cannot be prior to date of filing or moiote: If the date inserted in this block does not meet the applicable statutory filing	(optional) re than 90 days after filing.) Pursua requirements, this date will no	ıπı to 605.020 ıt be listed ε
ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective tir The 90th day after the record is filed.	me, at 12:01 a.m. on the	e earlier (
ated <u>6/8/19</u> ,		
Signature of a member or authorized representative of		

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Filing Fee: \$25.00