

# L19000164455

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

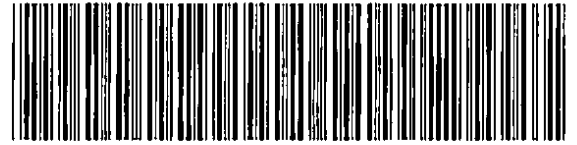
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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RECEIVED 18 MAY 2023  
10:02 AM

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: FIRST INTERNATIONAL SOLUTIONS 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:

ANTHONY SCHAPER

Name of Person

FIRST INTERNATIONAL SOLUTIONS LLC

Firm/Company

120 NW 16TH ST

Address

HOMESTEAD FL 33030

City/State and Zip Code

ASCHAPER@FIRSTINTERNATIONALSOLUTIONS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY SCHAPER

678

906-1267

at (          )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2011-11-18 11:20:02

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FIRST INTERNATIONAL SOLUTIONS 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 6/21/2019 and assigned  
Florida document number L19000164455.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 2019 JUN 18

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 2019 JUN 18

**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:

ANNETTE ALMONTE

New Registered Office Address:

120 NW 16TH ST

*Enter Florida street address*

HOMESTEAD

*City*

Florida 33030

*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>
MGR	ANTHONY SCHAPER	120 NW 16TH ST	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		HOMESTEAD, FL 33030	<input type="checkbox"/> Change
MGR	ANNETTE ALMONTE	120 NW 16TH ST	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		HOMESTEAD, FL 33030	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

THE MANAGER ANTHONY SCHAPER IS NO LONGER WITH THE COMPANY AND HAS BEEN  
REPLACED WITH THE NEW MANAGER ANNETTE ALMONTE.

2023 MAY 18 PM 2:01

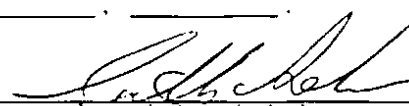
**E. Effective date, if other than the date of filing:** MAY 10, 2023 **(optional)**

(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 MAY 10, 2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ANTHONY SCHAPER]]

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**