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CRETAINT OF STATE LLAHASSEE, FLORIDA

JUL 1 9 2019

S. YOUNG

## COVERSLETTER .

TO: Registration S Division of Co			•
SUBJECT: Firs	t and Forema	25T AC LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joseph N.	Couttman Name of Person	
	First and	Foremost AC Firm/Company	<u> </u>
	7765 L	ucinda. Rd. Address	
		TFL 34291 City/State and Zip Code	
	Jguttman & E-mail address: (	7765 @ gmail. (	Com lication)
For further information (	concerning this matter, please c	all:	
Toseph N. G.	L1 Hman of Person	at (941) 822- Area Code Daytime	7416 : Telephone Number
Enclosed is a check for t	he 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

tirst and Por	emost AC	- LLC		
(Name of the Limit	ted Liability Company (A Florida Limited Liab	as it now appears on our oility Company)	r records.)	
The Articles of Organization for this Limited L Florida document number 90033141		ere filed on <u>6/2</u>	4/19	_ and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liabilit	v company here:		
The new name must be distinguishable and contain the v	ords "Limited Liability	Company," the designation	on "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	TADDRESS)		A A	<u> </u>
Enter new mailing address, if applicable:	-		LAHASSEE	E-8
(Mailing address MAY BE A POST OFFICE	BOX)		, in	<u> 3</u> O
B. If amending the registered agent and, registered agent and/or the new registered of	or registered offic	e address on our i	records, enter th	e name of the nev
Name of New Registered Agent:	Lisa N	1. Gu#man	1	
New Registered Office Address:		Enter Florida stree	rt address	<del></del>
			Florida	
		City		Zıp 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
AMBR	Lisa M. Guttman	7765 Lucinda Rd. North Port, FL 34291	<b>⊠</b> Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			Remove
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Note: If the	date insert	, me date must be	: specific and : does not i	neet the	be prior to -applical	) date of ti	iling or n	iore than 90	(optional) days after filing.) Pursuan nents, this date will not	it to 605.0207 (3) be listed as the
the record s ) The 90th	pecifies day afte	a delayed e er the record	ffective o	date, b	out not	an effe	ective t	time, at :	12:01 a.m. on the	earlier of:
Dated	uly	15+		. <u>20</u>	19	_ ·				
		Joroph Sig	nature of a	<u>J</u>	Alm or authori	om ized repre	sentative	of a membe	er	
		Joseph								

Page 3 of 3

Filing Fee: \$25.00