L19000196286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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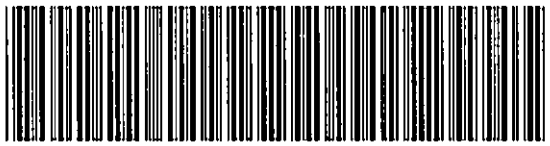

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2020 APR -2 AM 11:52

TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ROADMAP2RUNNING 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:

Jonathan D. Belle Isle
Name of Person

ROADMAP2RUNNING LLC
Firm/Company

830 Airport Rd. Unit 606
Address

Port Orange FL, 32128
City/State and Zip Code

jonbelleisle@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan D. Belle Isle 704 747-4282
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

✓ $35.00 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ROADMAP2RENTING 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 JULY 19, 2019 and assigned

the document number L19000189280.

This amendment is submitted to amend the following:

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

FIRST CONSISTENCY LLC

(The new name must be distinguishable and contain the words "Limited Liability Company." The designation "LLC" or the abbreviation "L.L.C." may not be used in the name.)

B. If amending principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. If amending mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. 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

New Registered Office Address:

(Enter Florida street address)

(City), Florida (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

. . mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
r removed from our records:

MGR = Manager
MBR = Authorized Member

Title	Name	Address	Type of Action
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
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			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

2020 APR -2

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

. **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 no 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.

MARCH 17 2020

Jonathan D. Belle-Isle

Signature of the officer or authorized representative of a member

JONATHAN D. BELLE-ISLE

Typed or printed name of signee

Filing Fee: $25.00