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## **COVER LETTER**

TO: Reg Div	gistration Sec ision of Corp	ction porations		
SUBJECT:	FIRESTON	E NATIONAL INVESTME	NT GROUP	
		Name of Li	mited Liability Company	
The enclosed	l Articles of /	Amendment and fee(s) are su	bmitted for filing.	
Please return	all correspon	idence concerning this matte	r to the following:	
		KHANITHA KHOUNPE	НХАУ	
			Name of Person	
			Firm/Company	
		1180 SPRING CENTRE S	SOUTH BLVD, 100	TALL 28
			Address	
ALTAMONTE SPRINGS, FL 32714			EN 9: 28	
			City/State and Zip Code	·! co
		E-mail address: (	to be used for future annual report notific	ation)
For further int	formation con	cerning this matter, please c	all;	
KHANITHA	KHOUNPHI	XAY	407 969-2909	
	Name of P	erson	at ()Area Code Daytime T	elephone Number
Enclosed is a	check for the	following amount:		
☑ \$25.00 Fil	ling 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRESTONE NATIONAL INVESTMENT	GROUP LLC	
( <u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our rec da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 08/14/2019	and assigned
Florida document number L19000207738	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>, , , , , , , , , , , , , , , , , , , </u>
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>	
	-	<u> </u>
		1. 10
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		٠ م ١٠٠٠
		FL 26
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>ent</u> o	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	CESS
		Florida
	Civ	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 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
MGR	UPSHIRE, MICHAEL JR	1180 SPRING CENTRE SOUTH BLVD	
		100	■Remove
		ALTAMONTE SPRINGS, FL 32714	□Change
			□Add
			□Remove
			© Ochange
			Remove 9.
			□Remove
			□Change
			Remove
			□Change
<del></del>			□ Add
			□Remove

Typed or printed name of signee