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Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations	
SUBJECT: FIRST STOR	FINANCIAL HOLDING LLC Name of Limited Liability Company
The enclosed Articles of Amendment and	fee(s) are submitted for filing.
Please return all correspondence concern	ng this matter to the following:
ρ	VISCINA GUNZALOZ Name of Person
	TEXCE CONSULTING Firm/Company
	415 SW 38th St Address
	Cape coral PL 33914
<u> </u>	City/State and Zip Code SCCCONGUITINGMIAMIC GMAIL COM -mail address: (to be used for future annual report notification)
For further information concerning this r	atter, please call:
PNSCING GOMOLO Name of Person	at (305) 998 - 5980 Area Code Daytime Telephone Number
Enclosed is a check for the following arr	ount:
\$25.00 Filing Fee	ing Fee & S55.00 Filing Fee & S60.00 Filing Fee, te of Status Certified Copy (additional copy is enclosed) 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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or	ALL DO	105 600
FIRST STOR F (Name of the Limited Liabil (A Florid	lity Company as it now appea la Limited Liability Company)	TUIUIY IU: U	25 PM 6: 40
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on _	10/01/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the	designation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
		, Florida	
	City		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>	Name	Address	Type of Action
mgr	JUSE COGITO POPPE	2 4051 SW 51St St 78	<u>06</u> 0
J		2 4651 SW 515+5+78 Davie, FL 33314	Remove
			□ Change
mar	Rodrigo Clavijo	4651 SW 5157 St #80 Davie, Pl 33314	5 □Add
J		Davie, FL 33314	Decmove
			Change
			□Add
			🗆 Remove
			☐ Change
			□Add
			□Remove
			□ Change
			🗆 Add
		 	🗆 Remove
			Change
			🗆 Add
			□ Remove
			□ Change

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Note: If	e date, if other than the date of filing: 1000000000000000000000000000000000000
e record : rd is filed	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 l.
Dated	Signature of a hymber of authorized representative of a member
	Pristing Contester

. . .

Filing Fee: \$25.00