L19000274777

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	JL
(Business Entity Name)	
(Document Number)	-
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	_



900350933519

08/31/20++01030++020 ++25.00

OCT

mi

117565 53 PH 1: 58



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2020

JOSH WILLIAMS 6800 GULFPORT BLVD #201-199 S PASADENA, FL 33707

SUBJECT: FIRST LAND COMPANY, LLC

Ref. Number: L19000274777

We have received your document for FIRST LAND COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is incomplete. The document should contain the Cover Letter and 3 Amendment pages. Page 3 of the Amendment is missing. Please see the attached packet for complete document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 320A00020225

Terri J Schroeder Regulatory Specialist III

www.sunbiz.org

COVER LETTER

ΓΟ: Registration Division of C		
SUBJECT:	First Land Com	pany, LLC.
	Name of Limit	ed Liability Company
The enclosed Articles of	of Amendment and fee(s) are subn	nitted for filing.
Please return all corres	pondence concerning this matter to	o the following:
	Joshua	Name of Person
	First L	and Company
	6800 G	JUIFPORT BIVA. Suite 201-199
	South Pc	asadena, P. 33707 City/State and Zip Code St Land Company. Com
	Josh & Fir E-mail address: (to	St Land Company. Com o be used for future annual report notification)
For further information	concerning this matter, please cal	II:
Heather	Williams	210 - 4243 Area Code Daytime Telephone Number 386 562 - 6389
JOSHUA	Williams	386 562 - 6389
	the following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
alr	ready sent	-previously -
Mailing Adding Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	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

First Land Com	ipany, UC	~
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) liability Company)	20 SEP
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \begi	were filed on	and assigned
This amendment is submitted to amend the following:		1. 58
A. If amending name, enter the new name of the limited liabi	lity company here:	~
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	1000	1 1 510 001
(Principal office address MUST BE A STREET ADDRESS)	5. Paradena, Fl	Ud: St 201-1 L 33407
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nam	ne of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	2
	Enter Florida street address	면 .
	, Florida	Zip Çöde
	•	\odot

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.

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Su	He 201-199
MGR	Heather Myrams	Address Su 10800 GUHPORT B South Pasadena, P	
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
		·	□Add □Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

						
						
					<u> </u>	
						·
				<u> </u>		
					<u>. </u>	
						
	- · · · · · · · · · · · · · · · · · · ·		···			
			•			
	 	· ··				
						
(If an effective Note: If th	late, if other than e date is listed, the date e date inserted in th s effective date on th	must be specific a is block does not	nd cannot be prior timeet the applic	able statutory filing	(optional e than 90 days after filing requirements, this dat) g.) Pursuant to 605.0207 (3 e will not be listed as th
he record spe ord is filed.	ecifics a delayed effe	ective date, but n	ot an effective t	ime, at 12:01 a.m. or	the earlier of: (b) T	he 90th day after the
Dated	9/2/	$\overline{}$. 20	- <u>M</u>	2	
.,	•	\bigvee	7			

Typed or printed name of signee