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## **COVER LETTER**

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SUBJECT:  First Home Holdings, LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Jean Guy Lalonde  Name of Person  First Home Holdings, LLC  Firm/Company  100 E Las Olas Blvd., Unit 1604  Address  Fort Lauderdate Florida 33301  Cicy/State and Zip Code  firsthomeholdings@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jean Guy Lalonde  Name of Person  The enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status & Certified Cony  Certificate of Status & Certificate of Status & Certified Cony  Certificate of Status & Certificate Of S	TO: Registration Se Division of Cor				
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■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.	Name o	f Person	Area Code Daytime Telep	hone Number	
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(additional copy is enclosed) Certified Copy	■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &	
Mailing Address:  Registration Section  Street Address:  Registration Section			· · · · · · · · · · · · · · · · · · ·		
Division of Corporations Division of Corporations	Division of Corporations		Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				The Centre of Tallahassee	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Home Holdings, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our recorrida Limited Liability Company)	'ds.)
The Articles of Organization for this Limited Liabilit	y Company were filed on February 19, 202	20 and assigned
lorida document number L20000056624	·	
This amendment is submitted to amend the following	<b>;</b> :	
. If amending name, enter the new name of the l	limited liability company here:	
First Equity Holdings;		
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
	<del>-</del>	
<ol> <li>If amending the registered agent and/or registered and/or the new registered office address her</li> </ol>		r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	, F	Torida
	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 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
			□ Add
			Remove
			□Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. 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 the 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. Dated \_\_\_\_

Typed or printed name of signee

Signature of a member or admotived representative of a member

Jean Guy Lalonde