LZO 000 198498

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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:		irst Renty L	LC_	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		GART Rini Name of Person		
		Firm/Company		
	/383	6 Stone MILL 1 Address	WAY	
		City/State and Zip Code	336/3	
	E-mail address	ACY CINI & YNHOO.	COM fication)	
For further information c	oncerning this matter, please ca	all;		
Name o	FRY Rivi	at (<u>813_</u>) <u>390</u> Area Code Daytim	e Telephone Number	
Enclosed is a check for the	nc following amount:			
\$25,00 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 Addres Registration S		Street Address: Registration Sec	ction	
Division of C	Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company were filed on 7/10/20 g assigned Florida document number L2000/198498. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:
inco on
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. 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
Florida

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.

City

Zip Code

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
MANAGOR	Robert Calistri	16958 DALANCE COVE	XlAdd
		LAND OLUHE Fl. 34638	□Remove
.			□ Change
Jesignated -	Robert Calistii	16958 BALANCE COVE	•
		Lyanis O'LiAlles 4. 34638	□Remove
MHNNG ng			□Change
Member	Robert Calistin	16958 balance Cove Lune O'Lakes 71.34638	XAdd
		Lune O'LHKers 71.34638	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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: (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) to 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 July 30 2020 Signature of a member or authorized representative of a member
Typed or printed name of signee