LZI000031176 (Requestor's Name) (Address) 500363986055 (Address) RECEIVED (City/State/Zip/Phone #) MAY 0 3 2021 WAIT MAIL 05/04/21--01009--029 **30.00 (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status ____ Special Instructions to Filing Officer: > 0 / Office Use Only

1 '

1.1 1 8

TO: **Registration Section Division of Corporations**

FIRST COAST LIQUIDATORS Name of Limited Liability Company LC SUBJECT: ____

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Name of Person
	FIRST COAST LIQUIDATORS
	Firm/Company
907	31 IOTH AVE
	Address
	JA4 FL 32.246
	City/State and Zip Code
SEE	City/State and Zip Code ORIALEWISDS meil.com

For further information concerning this matter, please call:

SEFORIA LEWIS

Name of Person

at (<u>904</u>) <u>502.4383</u> Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Centified 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 Tallahassee, FL 32314

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

(Name of the Limited Liability Company (A Florida Limited Liability Company)	QUDATORS LLC as it now appears on our records.) pility Company)
The Articles of Organization for this Limited Liability Company we Florida document number $\underline{L 2 1 0 0 0 03 1176}$.	ere filed on $01/14/21$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	v company here:
The new name must be distinguishable and contain the words "Limited Ltability	Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9031 10th AVE SAY FL 32246
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9031 10TH AVE JAY FL 32244
-	······································

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new <u>registered office address here</u>:

	Cay	Zip Code
	JACKSONVILLE, Florida_F	FL 32244
New Registered Office Address:	Enter Florida street address	0
	9031 IOTH AVE	·.?
Name of New Registered Agent:	SEFORIA LEVAIS	~,

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, <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	Type of Action
MGR	Ziomara Garland	2517 While Horse Rd.E.	DAdd
		Jacksonville FL. 3224.	Remove
			⊡Change
MGR	Kafael Garkand	25/2 While Horse Rd. E	
		Jacksonville FL. 32246	@Remove
			□Change
MGR	BRANDEE BRENNAN	425 RUES LANDIN	$\frac{KV}{G \Box Add}$
		ST AUGUSTINE, FL 3204	12. TRemove
	(9031	[]Change
MGR	SEFORIA LEWIS	9031 JUTH AVE 322	16 TAdd
			⊡Remove
			EChange
MGR	SHAMANA WILSON	3401 Townsond blvd, Unitai Jacksonvill, FL 32277	5 IFAdd
			□Remove
			🗆 Change
			□ Add
		<u> </u>	🗌 Remove
			🖾 Chang e

۹.

.

٠

.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

. . . .

.

	 	- *		
	 			-
	 ···· ·			
<u></u>	 			
····				
······································				
	·		815-	
	 · 			

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	······································	
	A TA	
		_
	Signable of a menuber of authonized representative of a member	
	Typed or printed name of signee	2/
	Typed or printed name of signee	

Filing Fee: \$25.00

.