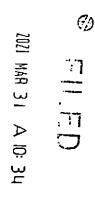
## 

(Re	questor's Name)	
(Ad	dress)	
(Δd.	dress)	
(7.13	<b>u</b> 1000)	
(Cit	y/State/Zip/Phone	#)
	_	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(=		-,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<del></del>		





03/31/21--01016--025 \*\*25.06





## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: FIRST	CHOUS FORD	is arting l		
SORTECT: 111001	CHOILE FARE Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	<u> </u>	WALKER		
		Name of Person		
	FIRST CH	DICE FABRICATIO	od	
		Firm/Company		
	1411 ENKA K	<u>yal</u>		
		Address		
	OFLANDO,	City/State and Zip Code		
		City/State and Zip Code		
	E-mail address: (	YAROD . LOM to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please ca			
U . Jer		~~ ~~ ~~ .	٣.4.	
Name o	EK WALKER Person	at (407 ) 721.  Area Code Daytim	TIY S	
			<u>-</u>	
Enclosed is a check for the	ne following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status&	Q)
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	ī
			$\frac{1}{2}$	
Mailing Addres		Street Address:	>	
Registration S		Registration Se	•	
Division of C		Division of Cor		
P.O. Box 632 Tallahassee, 1		The Centre of T	ananassee	
ramanassee, i	FL 34314	2413 N. MORTO	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Thu. 25. 2521 and assigned Florida document number LZ1D0D045905 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 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 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
AMBR	KZISTOFFER WALKER	1411 ENKA Way	🗆 Add
		CRLANDO FLA 32818	□Remove
			MChange
<del></del>			□Add
			□Remove
			□Change
			□Add
			Remove
		<del></del>	□Change
			□Add
		<del></del>	□Remove
			Echange 🤣
			Add T
			Remove
			Change
			□ Add
			□Remove

	<del></del>	<del></del> -					<del></del> .	_
		<del></del>			<u>.</u>			_
	•							
								_
			<del></del>	<del></del>		-· - · - · - · · · · · · · · · · · · ·		_
	<u>-</u>		<u> </u>	<del></del>				_
	·· <u> </u>							_
			,	<del></del>				
				· <u>-</u>				-
	<del></del>	<u> </u>		<u> </u>				-
			<del></del>					_
		<del></del>						_
			7.					-
	<u> </u>	.=-		<u></u>	<u></u>			_
<u> </u>			<del></del>	<del>.</del>	<del>_</del> -			_
			<del></del> _		<del>_</del>			_
								_
Tective date, if other an effective date is listed ote: If the date insert	er than the date o	f filing:			(option	ıal)		
an effective date is listed of the control of the date insert	, the date must be spec ed in this block doe	rific and cannot be p es not meet the ap	prior to date of filir pplicable statutor	ng or more than 9 y filing require	0 days after fi ments, this c	ling.) Purst late will n	ıantto60 otb⊖⊒lis	5.020 ted a
ocument's effective da	ate on the Departme	int of State's reco	ords.			•		
						: , ,		•
record specifies a dela is filed.	yed effective date, h	out not an effectiv	ve time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th	d <b>ay</b> aft	
	1,					- `	$\triangleright$	: 1
	- 29#A	<u> </u>	<u>-l</u> .				<u>;;</u>	•
ated MARCH						**	ω 3	
ated MARCH	1)	re of a member of a						

Filing Fee: \$25.00