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TO:

Registration Section

Division of C	Corporations		
SUBJECT:	Family Firs-	t Asset Grap LLC imited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are so	ubmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
	Darr	Name of Person	
		First Asset Group LLC Firm/Company	
	1325 Ya	tes St. Address	
	- Por	Charlotte FC 33952 City/State and Zip Code	
		(to be used for future annual report notification)	
For further information of	concerning this matter, please of	all:	
Darnel A	Antoire i Person	at (941) 549 - 0504 Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 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)	
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia (A Flo	ability Company as it now a prida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liabilit Florida document number <u>L21001017467</u>	y Company were filed o	on 4/28/2	and assigned
This amendment is submitted to amend the following	; ;		
A. If amending name, enter the new name of the l	imited liability compa	ny here:	
The new name must be distinguishable and contain the words	Limited Liability Company,"	the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			4 7.2
(Principal office address MUST BE A STREET AD	DRESS)		73
Enter now well			- D . !
Enter new mailing address, if applicable:		address on our records, enter the name of the new registered Enter Florida street address Florida Zip Code	
(Mailing address MAY BE A POST OFFICE BOX)			- S - S
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:	red office address on o		name of the new registered
New Registered Office Address:			
	Enter	Florida street address	
	<u> </u>		
New Registered Agent's Signature, if changing Register	•		Zip Code
hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered.	t and agree to act in the complete performance agent as provided for t red office address. The	of my duties, and Lai in Chapter 605 F.S. 6	m familiar with and

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Darnel Antoine	1325 Yates St. Port Charlow FC 33952	
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	specifies a delay d.	ed effective dat	e, but not a	an effective	time, at 12:	01 a.m. on	the earlier o	of: (b) 1	The 90i	th day afte	r the
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	June	21	:	2021	·						
record is filed	June	21 T		> //							