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Tallahassee, FL 32314

-	ision of Corp						
ento rezer.	FIRMCON						
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspon	ndence concerning this matter	to the following:				
		T, Matthew Ladyman, Esq.					
			Name of Person	-	_		
		Nishad Khan, P.L.					
			Firm/Company		_		
		617 E. Colonial Dr.					
		<u></u>	Address		-		
		Orlando, Florida 32803					
			City/State and Zip Code				
		matthew@nishadkhanlaw.co					
			to be used for future annual	report notification)			\mathcal{O}
For further in	nformation co	oncerning this matter, please ca	ill:				
T. Matthew	Ladyman		407 22 at ()	8-9711		•	
	Name of	Person	Area Code	Daytime Telephone Numb	er	· i	
Enclosed is a	a check for th	ne following amount:			1: 24	ر	
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en	Certific closed) Certific	Filing Fee, cate of Status ed Copy ad copy is enclos		
	ot:		Camoud A	ddruss:			
	<u>iling Addres</u> gistration S		<u>Street A</u> Registi	ration Section			
Di	vision of C	orporations		on of Corporations			
P.C	D. Box 632	7	The Co	entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRMCON LLC			
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on our records.) [Liability Company]		
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L21000304127}{L21000304127}$.	y were filed on July 1, 2021	and	Lassigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "LLC" or th	e abbreviatio	n "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 agent and/or the new registered office address here:	e address on our records, <u>enter the n</u>	ame of the	() <u>r new registere</u>
		-3	
Name of New Registered Agent:			
New Registered Office Address:	0 19 11	11 20	<u></u>
	Enwr Florida street address		•.
	, Florida	Zip C	· · · · · · · · · · · · · · · · · · ·
	Cuỳ.	2.47 (*****

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.

DocuSign Envelope ID: DF448F02-55B9-490E-BFB0-2314DE751FB0 in amending Authorized rerson(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
MGR	Sergio Rojas	415 Page St. Orlando, Florida 32806	= Add
			□Remove
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	ock does not meet the appl	icable statutory filing r	(optional than 90 days after filing equirements, this date)	605.0207 C
ne record specifies a delayed effective ord is filed.	e date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) T	he 90th day i	ifter the
Dated	2021				
Docusement by					
	Signature of a member or aut	horized representative of	a member		