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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Ver	giblity, Lame of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ruby Ca	Agano - Cop Name of Person	<u>et</u>
	<u> Vera, b. 1.7</u>	Firm/Company	
	260 Torc	HWOOD Aye. Address	
	Plantatio	1 FL 333 Chy/State and Zip Code	24
	ruby @ ver E-mail address:	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Ken Coo	per	at (<u>972)</u> 366	5-3585
, Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate 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

	OF	First Francisco
Vergibility (Name of the Limited Liab) (A Flori	lity Company as it now appears of da Limited Liability Company)	2021 00.7 21 Pi 3: 21
The Articles of Organization for this Limited Liability Florida document number L 21000 41685 3	Company were filed on	pt. 21, 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here	F
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable:		gnation "L.L.C" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADD		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	City	Zip Code

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 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
Mac	Alan M. Jotkoff	2100 Meadowlane Ave.	□ Add
J		W. Melbourne, 7L 3290	H De Remove
	o 0		□Change
Mgr. Kenneth P. Cooper	260 Torchwood Ave.		
J		Plantation, 7L 3332	<u>∐</u> □Remove
			[]Change
			CJAdd
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			🗆 \Lambda dd
			□Remove
			Change

l' <i>ff</i> oo	tive date, if other than the date of filing: $\frac{1}{202}$ (optional)
lf an ei	flective 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 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next selfective date on the Department of State's records.
(IOCUI	near 8 effective date on the Department of State 8 records.
e reco rd is f	rd 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 ided.
Dated	
Dated	
Dated	() () () () () () () () () ()
Dated	Signature of a member or authorized representative of a member