L22000356316

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration So Division of Cou | | | | | |
|---|---|---|---|--|--|
| | RS FIRST FINANCING LLC | | | | |
| SUBJECT: | Name of Lin | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspond | ondence concerning this matter | to the following: | | | |
| | NAOMI KECK | | | | |
| | | Name of Person | | | |
| | INVESTORS FIRST FINA | ANCING LLC | | | |
| | | Firm/Company | | | |
| | 3590 MALAGROTTA CI | R | | | |
| | | Address | | | |
| | CAPE CORAL, FL 33909 | | | | |
| | | City/State and Zip Code | | | |
| | naomi@naycorsolutions.co | | | | |
| | | to be used for future annual report no | ification) | | |
| For further information of | oncerning this matter, please c | an: | | | |
| NAOMI KECK | | 513 6467633 at () | | | |
| Name o | of Person | | ne Telephone Number | | |
| Enclosed is a check for ti | he following amount: | | | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Addres | | Street Address: | action | | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | | |
| P.O. Box 632 | 27 | The Centre of | The Centre of Tallahassee | | |
| Tallahassee, | FL 32314 | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| INVESTORS FIRST FINANCING | | | | | |
|---|--|--|----------------------------|---------------------------------------|------------|
| (Name of the Lim | ited Liability Con (A Florida Limit | npany as it now appears ed Liability Company) | on our records.) | | • |
| The Articles of Organization for this Limited 1 | | my were filed on $\frac{08/1}{2}$ | 2/2022 | and a | ıssigned |
| Plorida document number L22000356316 | · | | | | |
| This amendment is submitted to amend the fol | llowing: | | | | |
| A. If amending name, enter the new name | of the limited li | ability company her | <u>re</u> : | | |
| N/A | | | | | |
| The new name must be distinguishable and contain the | words "Limited Li | ability Company," the de | signation "LLC" or the | abbreviation ' | 'L.L.C." |
| Enter new principal offices address, if appli | icable: | N/A | | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A | | | c - |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | • | 5 |
| B. If amending the registered agent and/or agent and/or the new registered office addr | | ce address on our re | cords, <u>enter the na</u> | me of the n | ew'règiste |
| | | | | | |
| Name of New Registered Agent: | N/A | | | | |
| New Registered Office Address: | N/A | | | , | |
| | | Enter Flori | la street address | | |
| | N/A | | , Florida ^N | I/A | |
| | | City | | Zip Coo | le |

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> | Name | Address | Type of Action |
|--------------|----------------------|----------------------|----------------|
| MGR | NAYCOR SOLUTIONS INC | 3590 MALAGROTTA CIR | □Add |
| | | CAPE CORAL, FL 33909 | ■Remove |
| | | | □Change |
| P | NAOMI KECK | 3590 MALAGROTTA CIR | |
| | | CAPE CORAL, FL 33909 | □Remove |
| | | | Change |
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| Effective | and data if other than the data of filing. May 5th, 2023 | (antianal) |
| (If an effecti | ve date, if other than the date of filing: | (optional) 90 days after filing.) Pursuant to 605.0207 (3 |
| | f the date inserted in this block does not meet the applicable statutory filing require nt's effective date on the Department of State's records. | ements, this date will not be listed as th |
| document | in a checure date on the pepartition of state a records. | |
| L | and the second s | -1: |
| ord is filed. | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the cad. | artier of: (b) The 90th day after the |
| | | |
| Dated Ma | May 24th 2023 | |
| | :0 | |
| | Value Harle | |
| | Signature of a member or authorized representative of a men | nber |
| | | |
| | Naomi Keck, President | |

Filing Fee: \$25.00