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TO: Registration Sec Division of Corp			
SUBJECT: FIR	ST Choice L	Siskey Collectibles ted Liability Company	; L.L.C.
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	JAMES	ZeoK Name of Person	
		Name of Person	
		Firm/Company	
	1639 Big	Cypress Blud	······································
	LAKE CAND	FL. 33810	
		engretate and Empleode	
	E-mail address: (t	O MARCO (COM) o be used for future annual report notification	n)
For further information co	ncerning this matter, please ca	ill:	-
JAMES		at (<u>\$63)</u> 651-7	905
Name of	rerson	Area Code Daytime Teler	onone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	X \$30.00 Filing Fee & Certificate of Status	S55.00 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	ection	Street Address: Registration Section	
Division of Co P.O. Box 6327		Division of Corporat The Centre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST Choice D (Name of the Limited Liability Compa (A Florida Limited I	Isney Coll	ectibles LLC
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on ou lability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	were filed on	1/2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil FIRST Choice Theme PARKS The new name must be distinguishable and contain the words "Limited Liabil		Les L.L.C. on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		A
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records	s, enter the name of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida stre	et address
-T		, 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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
			[] Add
			([]Remove
			□Change
***********			□ Ad d
			🗀 Remove
			☐ Change
		 	□Add
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			□Change
	**************************************		□Add
			□ Remove
			□Change
			□Add

_____ Remove

_____ Change

f ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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F. Offic action	and at a if athor than the data of filings.
Note:	ce date, if other than the date of filing:
rd is file	
Dated _	Jams Zoch Signature of a member or authorized representative of a member Tames Zock Typed or printed name of signee
	Orma State
	Signature of a member or authorized representative of a member
	JAMES 606K