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A. PARISHANI OCT 2 2 2023

## **COVER LETTER**

Division of Corporations
BJECT: First America ogistic le Name of Limited Liability Company
te enclosed Articles of Amendment and fee(s) are submitted for filing.
Country B Batista & Sistie Lice Firm/Company
3004 NW 154 St Svite 571
Miani Lukes To 33016  City/State and Zip Code  First Andrica losistica Gmail. Con  E-mail address: (to be used for future annual report notification)
r further information concerning this matter, please call:
Obvaldo B Batish at 784 943.9615  Name of Person Area Code Daytime Telephone Number
ciosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

2073
<u>[</u> .50
<u></u>

First America (Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Plortida document number 23 00043 58	were filed on September 19. and assigned
This amends out is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "LLC."  13611 SW 1818+ S+  MIGHT, FL 33177+
Enter new mailing address, if applicable:  Section address MAY BE A POST OFFICE BOX)	13611 SW 181 St St Migni, TL 33177
B. If amending the registered agent and/or registered office a seem and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	times i to that sireet maress

17. Registeren Agent's Signature, if changing Registered Agent:

University 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 hely filed to movely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

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

Title	Name	<u>Address</u>	Type of Action
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