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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: First Response Recal Estate Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Christina Bentley Name of Person	
First Response Real Estate	
3149 N. Ponce De Lean Blud #7	
St. My. H. 32084 City/State and Zip Code	
E-mail address: (to be used for future annual report dolification)	2024 J
For further information concerning this matter, please call:	1 25
Christian Blader at (904) 469-5546 Name of Person Area Code Daytime Telephone Number of Code Dayti	5 PH 1:28
Enclosed is a check for the following amount:	••
\$25.00 Filing Fee \$\simeg\$ \$30.00 Filing Fee & \$\simeg\$ \$55.00 Filing Fee & \$\simeg\$ \$60.00 Filing Fee & \$\simeg\$ Certificate of Status \$\simeg\$ Certified Copy (additional copy is enclosed) \$\simeg\$ Certified Copy (additional copy is constant)	atus &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Response Real Estate LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	Company were filed on 07/18/202	4 and assigned
Florida document number L24000318799	·	<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:	_	
Mailing address MAY BE A POST OFFICE BOX)		
	_	350
 If amending the registered agent and/or register gent and/or the new registered office address here 	ed office address on our records :	enter the name of the new register
		P
Name of New Registered Agent:		and the second second
New Registered Office Address:		28
	Enter Florida stree	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 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	Christina Bentley	251 Esmeralda Rd. St. Augustine, Fl. 32095	= Add
			□ Remove
			□Change
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fective date, if other than the	date of filing:	(0	ptional)
an effective date is listed, the date must ote: If the date inserted in this bl	lock does not meet the applicable	ate of filing or more than 90 days	after filing.) Pursuant to 605.020
ocument's effective date on the D	epartment of State's records.	· · ·	
record specifies a delayed effectiv	e date, but not an effective time.	at 12:01 a.m. on the earlier of	f: (b) The 90th day after the
is filed.			- (c, / /,
ated	2024		
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	Signature of a member or authorized	dispersion of the second	

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Filing Fee: \$25.00