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. (Requestor's Name)				
(Address)				
(Address)				
(Audiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
OCT - 8 2008				
EXAMINER				

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SECRETARY OF STATE
AND SSEFF, FI ORID.

FILED

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	`. _{ECT:} Forevei	Imports LLC		
			ited Liability Company)	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Marion J. Carberry		
			(Name of Person)	,
		Forever Imports LLC		ZOOR TAIL
			(Firm/Company)	LAR CRE
		3953 W Gardenia Avenu	0	2000 OCT -7 PM 2: 57 SECRETARY OF STATE TALLAHASSEE. FLORIE
			(Address)	PR
,		Weston, FL 33332		FLO FLO
			(City/State and Zip Code)	
For fu	rther information o	concerning this matter, please c	ail:	
Marlon J. Carberry			at (954 ₎ 245 - 1750	
(Name of Person)		of Person)	(Area Code & Daytime Telephone Number)	
Enclos	sed is a check for t	he following amount:		
\$25	5.00 Filing Fee	☑\$ 30.00 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 ADDRESS: Registration Section Division of Corporations		ration Section	STREET/COURIER Registration Section Division of Corporation	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

COVER LETTER

	of Corporations	
SUBJECT:	FOREVER IMPORTS LLC	
	(Name of Limited Liability Company)	
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.	
Please return all c	orrespondence concerning this matter to the following:	
	MARION J. CARBERRY (Name of Person)	
	FOREVER IMPORTS LLC (Firm/Company)	
		TALE SE
	3953 W. GARDENIA AVENUE	2008 OCT TALLAH
	(Address)	T-7 PM 2: 57 ETARY OF STATE WHASSEE, FLORIDI
	Westow, FL. 33332 (City/State and Zip Code)	PA C
	(City/State and Zip Code)	STA 2:
For further inform	nation concerning this matter, please call:	STE AND A
MARION	T. CARBERRY at (954) 245 - 1750 (Name of Person) (Area Code & Daytime Telephone Number	
	(Name of Person) (Area Code & Daytime Telephone Number	r)
	ck for the following amount:	
□ \$25.00 Filing	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	te of Status &
•		
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 Lo

THARPIS

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number	· •	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
GREEN PEEKS	14	
The new name must be distinguishable and end with the v	vords "Limited Liability Company," the	designation "LLC" or the abbreviation
"L.L.C."		TAS TE
Enter new principal offices address, if applicable:		ZODO OCT SECRET
(Principal office address MUST BE A STREET AD	DRESS)	E CT
		SS -1
	 	FO P M
77.4		F ST
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- Cw -1
	The second se	
B. If amending the registered agent and/or reg		ords, enter the name of the new
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flo	rida street address)
		_, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent;

FARFIFER

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action** Add ☐ Remove Add Remove r Add Remove ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member DARION Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00