## L15000075417

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## **COVER LETTER**

0.1.D.11.CT	FORSA GROUP LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	MARIA F DIAZ
	Name of Person
	MARIA F DIAZ CPA LLC
	Finn/Company
	2250 NW 136 AVE SUITE 117
	Address
	PEMBROKE PINES, FL 33028
	City/State and Zip Code MDIAZ@MARIADIAZCPA.COM
	E-mail address: (to be used for future annual report notification)
For further informat	tion concerning this matter, please call:
N:	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing Fe	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certificate of Status Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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** 

FORSA GROUP LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Co Florida document numberL15000075417	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, <u>e</u> e <u>ss here</u> :	nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		Ja
	Cin	Zin 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	<u>Address</u>	Type of Action
AMBR	JAVIER RODRIGUEZ SORDO	16223 SW 18TH PL	<b>■</b> Add
		MIRAMAR, FL 33027	Remove
			Change
PRES	JAVIER RODRIGUEZ SORDO	16223 SW 18TH PL	
		MIRAMAR, FL 33027	■ Remove
			☐ Change
			Add
			Remove
			Change
		<del> </del>	
			□ Remove
		Change	
			☐ Remove
			Change
		Remove	
			Change

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Not	ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sument's effective date on the Department of State's records.
he T	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the poth day after the record is filed.
Dat	ed 03/02/19.
	Signature of a member or authorized representative of a member  JAVIER RODRIGUEZ SORDO
	Typed or printed name of signee