(Red	questor's Name)	
(Add	lress)	
(Add	lress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
	_	
	Office Use On	ily

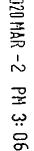


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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: FOR	EWARD F	TNANCTA Name of Limited Liab	L ADVISORS, LLC pility Company
Dear Sir or Madam:			
The enclosed Statement of Co	orrection and fee(s) a	re submitted for filin	g.
Please return all corresponder	nce concerning this n	natter to the following	g:
MOLLY SHE	ine of reson		
FORWARD FI	MANCIAL myCompany	AUVISORS	
1900 PURDY	AVE, A	PT. 1706	_
MIAMI E	BEACH F	L 33139	_
MOLLYSHRAUN E-mail address: (to be u	IER & CM used for future annual	AFL. COM report notification)	_
For further information conce	erning this matter, ple	ease call:	
MOLLY SHRA Name of Per	UNER	at (786 Area Code	Daytime Telephone Number
Mailing Address: Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL 3	orations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:			
	30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST:	The name of the limited liability company is:
	FORWARD FINANCIAL ADVISORS, LLC
SECON	1:20,000 770 00
THIRD	FOR FL LLC, ARTICLE I
,	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
I 7	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	The effective date of this Limited Hability Company
	Shall be 3-1-20
	(not 4-13-20)
	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction as follows:
	7020 F
	OR -2
	The electronic transmission of the record was defective.
	Signature of Authorized Representative 11 Date 71 65
_	re of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign the designation).
I hereby provisio obligati	Molly I Mauner / 2/26/20
	Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)