L06000117363

•			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

Division of Corp	orations'		
SUBJECT: Forever	Florida One LLC		D
		ited Liability Company)	
•			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Donald S. Boggs		
		(Name of Person)	
	Forever Florida One LLC		
		(Firm/Company)	
	321 26th Ave N		
	St. Petersburg Fl. 33704		
		(City/State and Zip Code)	
For further information con	ncerning this matter, please ca	ali:	
Donald S Boggs (Name of	Person)	at (727) 365-3327 (Area Code & Daytime 7	'elephone Number)
(172110-01	. 4.55.1.7	(i nos cous as payante i	orepriore realized y
Enclosed is a check for the	ofollowing amount:		
☑ \$25.00 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:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

FILED

2008 SEP 22 PM 1: 44

SECRETARY OF STATE TALLAHASSEE.FLORIDA

Forever Florida One LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L. Florida document number <u>L06000117363</u>	_ and assigned			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company he	ere:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ted Liability Comp	pany," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:		321 26th Ave N		
(Principal office address MUST BE A STREET ADDRESS)		St. Petersburg Fl. 33704		
Enter new mailing address, if applicable:		321 26th Ave N		
(Mailing address MAY BE A POST OFFICE BOX)		St. Petersburg	Fl. 33704	
B. If amending the registered agent and/ registered agent and/or the new registered o Name of New Registered Agent:	•		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:				
New Registered Office Address:	321 2th Ave N		Enter Florida street addi	ess)
	St. Petersburg		, Florida <u>337</u>	04
		(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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio	ā
MGR .	Donald S. Boggs	248 176th Terrace e Redington Shores, Fl. 33708	Add Remove	
MGRM_	Donald S. Boggs	321 26th Ave N St. Petersburg, Fi 33704	Add Remove	
Mem	Amy D. Boggs	321.26th Ave N St. Petersburg Fl. 33704	Add Remove	
			Add Remove	
· · · · · · · · · · · · · · · · · · ·			Add Remove	
			Add Remove	
D. If amen	nding any other information, enter chai	nge(s) here: (Attach additional sheets, if necess	ary.)	
_				
 Dated Sept	ember 15th 2008		700 TAI	
	Signature of a ment	per of authorized representative of a member	22 SSEI	
	Donald S. Boggs Type	ed or printed name of signee	PH 1: 44 E.FLORID	
		Page 2 of 2	H 1: 44 STATE FLORIDA	-
		Filing Fee: \$25.00	P F	