L09000107893

| (Re | questor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | ry/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



200192299602

01/26/11--01015--007 **25.00

COVER LETTER

| TO: Registration Division of C | | |
|--------------------------------|--|--|
| SUBJECT: | Force Figuress LLC Name of Limited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are submitted for filing. | |
| Please return all corres | spondence concerning this matter to the following: | |
| | TC Property Mant, Consense of Person TC Property Mant, Learning of Person TC Property Mant, Learning of Person Firm/Company Address Cocoa Beach City/State and Zip Code Acord Scentille Dana E-mail address: (to be used for future annual report notification | 1. Com |
| Siuseppe | n concerning this matter, please call: Conosconti | 252 X 14 |
| Enclosed is a check for | r the following amount: | |
| \$25.00 Filing Fee | S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status 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 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

| Force F | thess LL | C | |
|---|--|---------------------------|-------------------------|
| (<u>Name of the Limited Liab</u> (A Flori | ility Company as it now appea da Limited Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liability Florida document number | ty Company were filed on | 11/4/2004 | and assigned |
| This amendment is submitted to amend the following | 3: | | |
| A. If amending name, enter the new name of the | limited liability company her | <u>·e</u> : | |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Liability Compa | nny," the designation "Ll | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | • |
| (Principal office address MUST BE A STREET AL | DDRESS) | | |
| | | | Vere |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | | N 95- |
| | | | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | | our records, enter th | e name of the new |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Fn | ter Florida street addr | CDG. |
| | En | | 233 |
| | City | , Florida | 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 Title **Address** Type of Action ☐ Add ☐ Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Tanvary Ignature of a member or authorized representative of a member Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00