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(Re	equestor's Name)			
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(C	ity/State/Zip/Phone #	······································		
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T. HAMPTON

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COVER LETTER

AUD IECO.	FOREVERTALES, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Article	s of Amendment and fee(s) are submitted for filing.	
Please return all corr	espondence concerning this matter to the following:	
	David Sabot Name of Person	
	FOREVERTALES, LLC	
	Firm/Company	
	217 Hobbs St #106 Address	
	Tampa, FL 33619 City/State and Zip Code	
	dave@forevertales.com E-mail address: (to be used for future annual report notification)	
	on concerning this matter, please call:	
<u>'</u> ·	David Sabotat (_813)	
Na	me of Person Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount:	
\$25.00 Filing Fed	Solution Filing Fee & Solution Status Solution Status Certified Copy (additional copy is enclosed) Solution Status Certified Copy (additional copy is enclosed) Solution Status Certified Copy (additional copy is enclosed)	
Re Di	STREET/COURIER ADDRESS: gistration Section vision of Corporations Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Compared to the Control of Corporations Clifton Building Control of Corporations Clifton Building Control of Corporations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORE	EVERTALES, LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability	02/08/2010	and assigned		
Florida document numberL10000014933	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company he	e <u>re</u> :		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	pany," the designation "L	LC" or the a	bbreviation
Enter new principal offices address, if applicable:				<u></u>
(Principal office address MUST BE A STREET ADD	ORESS)			<u>×</u> ∞_
			70	<u> </u>
			8	
Enter new mailing address, if applicable:			ĊŢ.	37 <u>F</u>
(Mailing address MAY BE A POST OFFICE BOX)			三	270
intering matrices many DD 111 OD1 O111 OD BOTH			emini :	33
			<u> </u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on dress here:	our records, enter the	he name o	f the nev
Name of New Registered Agent:	N			
New Registered Office Address:				
· .	Enter Florida street address , Florida			
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Address Type of Action** Name MGR David Sabot 12407 N 52nd Street Tampa, FL 33617 ☐ Add Remove David Sabot MGRM ✓ Add 12407 N 52nd Street Tampa, FL 33617 ☐ Remove ☐ Add ☐ Remove ☐ Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Changing David Sabot from MGR to MGRM 02/10/2010 Dated __ Signature of a member or authorized representative of a member David Sabot Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00