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Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GOZA AND HALL, P.A.
Account Number : I20000000006
Phone : (727)799-2625
Fax Number : (727)796-8908

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TALLAHASSEE, FL

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FOREST GROVE OWNERSHIP GROUP, LLC

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Help

H22000416821 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FOREST GROVE OWNERSHIP GROUP, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONALD R. HALL, ESQ.

Name of Person

GOZA AND HALL, P.A.

Firm/Company

28050 U.S. HWY. 19 N., SUITE 402

Address

CLEARWATER, FL 33761

City/State and Zip Code

elight1@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD R. HALL, ESQ.

727 799-2625
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

H22000416821 3

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H22000416821 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOREST GROVE OWNERSHIP GROUP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on AUGUST 13, 2010

Florida document number L10000085500

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:Name of New Registered Agent:New Registered Office Address:

Enter Florida street address

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 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.

H22000416821 3

If Changing Registered Agent, Signature of New Registered Agent

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H22000416821 3

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OWEN J. LIGHT	926 EAST AVERY STREET	<input type="checkbox"/> Add
		PENSACOLA, FL. 32503	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

H22000416821 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11-22, 2022

Signature of a member or author

Signature of a member or authorized representative of a member

Typed or printed name of signee

H22000416821 3