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COVER LETTER

TO:

	Registration Se Division of Cor					
SUBJEC	FOREVER TRUST LLC					
SUBJEC	1.	Name of Lin	nited Liability Company			
	,					
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	um all correspo	ndence concerning this matter	to the following:			
		KATHERINE NGODUON	NG			
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
		FOREVER TRUST LLC				
			l'irm/Company			
		4025 W. WATERS AVE.	STE. 113			
			Address			
	,	TAMPA, FL. 33614				
			City/State and Zip Code			
		FOREVERTRUSTLLC@C				
For furthe	er information co	E-mail address: (oncerning this matter, please c	to be used for future annual report notif	heation)		
KATHERINE NGODUONG		. 813 786-4232 at ()				
	Name of	f Person	Area Code Daytime	e Telephone Number		
Enclosed	is a check for th	e following amount:				
■ \$25.0	O 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 S	_	Street Address: Registration Sec	rtion		
I	Division of C	orporations	Division of Cor			
	P.O. Box 632		The Centre of T	allahassee		
	Tallahassee, F	L 32314	2415 N. Monroe	e Street, Suite 810		

Tallahassee, FL 32303

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOREVER TRUST LLC

company has been notified in writing of this change.

(Name of the Lim	ited Liability Compa (A Florida Limited)	inv as it now appears on our Liability Company)	records.) 7: 25
The Articles of Organization for this Limited Florida document number L11000144098	Liability Company	were filed on 12/27/2011	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
			<u> </u>
		N/A	
Enter new mailing address, if applicable:		777	
(Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>		
,			
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our records,	enter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street	address
			Florida
New Registered Agent's Signature, if changing	Doubstand Lant.	Ciņ	Zip Code
I hereby accept the appointment as register provisions of all statutes relative to the propaction as registers the obligations of my position as registers filed to merely reflect a change in the	red agent and agr per and complete distered agent as t	ee to act in this capacity performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	2000M 20 万	Type of Action
MRGM	DUNG NGO	P.O.BOX 272744 TA		= Add
				Remove
				□Change
.				🗆 Add
	•			□Remove
				□Change
				□Add
				□Remove
	•			□Change
				🗆 Add
	•			□Remove
				□Change
				□Add
•				Remove
				□ Change
	•			□Add
				□Remove
				□ Change

	•
•	2011 1S 7: 25
	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records.	
•	
he record specifies a delayed effective date, but not an effective tir ord is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated AUGUST 21. 2020	_·
	W.

Filing Fee: \$25.00