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(Red	questor's Name)	
(Add	dress)	
(Ade	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to		
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Office Use Only



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COVER LETTER

	gistration Servision of Cor			
SUBJECT:	Forming Fu	utures LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Gail Elmore and Kristen	Alvarez	
			Name of Person	·
		Forming Futures LLC		
			Firm/Company	
		5 NW 13th Ave		
			Address	
		Cape Coral Florida 3399	3	
			City/State and Zip Code	
		formingfutures4life@gma E-mail address: (1	n.com to be used for future annual report notificat	ion)
For further in	nformation co	oncerning this matter, please ca	ali:	
Kristen Alva	arez		239 887-7829	
	Name of	Person	Area Code Daytime Te	elephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 E	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

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 JAN 14 PH 12: 59

5 NW 13th Ave

Cape Coral, FL 33993

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

Name of New Registered Agent:

New Registered Office Address:

Kristen Alvarez

5 NW 13th Ave

Enter Florida street address

 Cape Coral
 Florida
 33993

 City
 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

agent and/or the new registered office address here:

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.

If Changing Registered Agent, Signatury 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>	<u>Name</u>	Address	Type of Action
MGR	Kristen Alvarez	5 NW 13th Ave Cape Coral, FL 33993	🖶 Add
		 	□Remove
			□Change
MGR	Gail Elmore	5 NW 13th Ave Cape Coral, FL 33993	🗆 Add
			≣Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change
			🗆 Add
			□Remove
			□ Change

Removal of owner to For	ning Futures, Gail Elmore	•		
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Fective date, if other than the an effective date is listed, the date mote: If the date inserted in this ocument's effective date on the	ust be specific and cannot be pri block does not meet the app	icable statutory filing	(optional) e than 90 days after filing requirements, this date	.) Pursuant to 605.0207
record specifies a delayed effect is filed.	ive date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) T	he 90th day after the
January 10	2020	·		
	Signature of a member or au	thorized representative o	f a member	
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Filing Fee: \$25.00