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(Ad	ldress)	,
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(Cit	ty/State/Zip/Phone	· #)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	1
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SEP : 2020

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co		·				
FORESHII SUBJECT:	P. LLC					
SUBJECT:	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	RUSSELL D. KAPLAN, I	ESQ.				
		Name of Person				
	RUSSELL D. KAPLAN, I					
	——————————————————————————————————————	Firm/Company				
	7951 S.W. 6TH STREET,					
		Address				
	PLANTATION, FL 33324				20	¥.52
		City/State and Zip C	ode		AUG	
	RUSSK@RDKPA.COM	to be used for future an	nual espect notif	Legion	2	
For further information of	concerning this matter, please c		ndar rejent notti	.caton,		CHARY OF STATE
	or and the second of		7/2 7777		<u>ာ</u> သ	02.A
NICOLE MEDINA	4.6	954 at (763-7777)	e Telephone Number	- ដូ	1101
Name c	of Person	Area Code	Daytimo	e Telephone Number		-
Enclosed is a check for t	he following amount:					
☐ \$25.00 Filing Fee	\$30.00 Filing Fee &	□ \$55.00 Filing	Fee &	☐ \$60.00 Filing Fe	٠,٠	
	Certificate of Status	Certified Cop	У	Certificate of S Certified Copy tadditional copy is	tatus &	
Mailing Addres	<u>88:</u>	Stree	et Address:			
Registration :	Section	Reg	istration Sec			
Division of C			ision of Cor	•		
P.O. Box 632	27	The	Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORESHIP, LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/20/12	and assigned
Florida document number L12000146448		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		<u> </u>
		<u> </u>
		2
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		3. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST
		2. 10
		7.
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	iddress on our records, <u>enter the na</u>	me of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida _	
	Cuy	Zip Co

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.

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	Type of Action
MGR	BENJAMIN SWARD	633 S. FEDERAL HWY	■ Add
		SUITE 300B	
		FT LAUDERDALE, FL 33301	□ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove 、
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RUSSELL D: KAPLAN, AUTHORIZED REPRESENTATIVE FOR MARCUS HOGLUND Typed or printed name of signee		A han at brimen mine of Signer	

Filing Fee: \$25.00