## L12000146448

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Registration Section

**Division of Corporations** 

TO:

FORESHI			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RUSSELL D. KAPLAN, I	esq.	
		Name of Person	
	RUSSELL D. KAPLAN, I		
		Firm/Company	
	7951 SW 6TH STREET, S	UITE 210	
		Address	
	PLANTATION, FL 33324		
		City/State and Zip Code	
	RUSSK@RDKPA.COM	•	
		to be used for future annual report not	ification)
For further information	concerning this matter, please co	ill:	
NICOLE MEDINA		954 763-7777	
Name	of Person	at () Area Code Daytin	ne 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 Addro Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7415 N. Monre	rporations

Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORESHIP, LLC.

(Name 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 Com	pany were filed on 11/20/1	and assigned
Florida document number 1.12000146448		
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 design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	fice address on our recor	ds, enter the name of the new registered
New Registered Office Address:	Enter Florida s	des a la la constantina de la constantina della
	Сиу	Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agen- being filed to merely reflect a change in the registered o	plete performance of my t as provided for in Chap	duties, and I am familiar with and oter 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR/PR	BENJAMIN SWARD	633 S. FEDERAL HWY, SUITE 300 B	□Add
		FT LAUDERDALE, FL 33301	🗆 Remove
			■Change
MGR/PR	MARCUS HOGLUND	633 S. FEDERAL HWY, SUITE 300B	□Add
		FT LAUDERDALE, FL 33301	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Note: If the date inserte	r than the date of filing: the date must be specific and cannot ged in this block does not meet the te on the Department of State's r	e applicable statutory t	(optiona or more than 90 days after filin iling requirements, this dat	l) g.) Pursuant to 605,020 te will not be listed as
e record specifies a dela rd is filed.	yed effective date, but not an effe	ective time, at 12:01 a.	m, on the earlier of: (b)	The 90th day after the
October 14	2020	0		
		or authorized representa	tion of a monker	
	Signature or a member	or aumorized representa	алениет	
Russell-D. K	aplan, Authorized Representativ	e for Marcus Hoglund		
	Lyped	or printed name of signe	e	

Filing Fee: \$25.00