L12000158191

(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

Foran Investments 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:

Foran Investments LLC

Firm/Company

567 Bar Dr

Address

Kissimmee, Fl. 34759

City/State and Zip Code
garrett@feltrim.com

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

For further information concerning this matter, please call:

Garrett Kenny

863 353 0016

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 Fcc,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION (2012 DEC 21 PM 3: 28

SECRETARY OF STATE FALLAHASSEE, FLORIDA

Foran Investments 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	Company were filed on 12/19/12	and assigned
Florida document number L12000158191		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office at Name of New Registered Agent:	·	enter the name of the nev
New Registered Office Address:	Enter Florida str	reet address
	, Floi	rida
	City	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Garrett Kenny	567 Bar Dr Kissimmee, fl. 34759	Add
			Remove

			Remove
•			Add
			Remove
			Add
			Remove
		-	Add
			Remove
			Add
			Remove

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
Dated De	c 20 2012
Juic a	
	Simple Complete and the state of a market
	Signature of a member or authorized ferresentative of a member Garrett Kenny
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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