LH0012017

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	<u> </u>
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100263252241

08/15/14--01008--013 **30.00

S. YOUNG

COVER LETTER * 3"

TO: Registration Section **Division of Corporations**

Fourward Designs, 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:

Parker Duerson

Name of Person

Fourward Designs, LLC

Firm/Company

6215 Fairway Bay Blvd

Gulfport, FL 33707

City/State and Zip Code

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

For further information concerning this matter, please call:

Parker Duerson

Name of Person

 $at \ (\frac{727}{\text{Area Code}}) \frac{345\text{-}5080}{\text{Daytime Telephone Number}}$

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 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fourward Designs, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or Florida document number <u>L14000012017</u> .	n January 22, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
The new name must be distinguishable and end with the words "Limited Liability 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>
	शिक्त कि जि
	11 12 5
Enter new mailing address, if applicable:	
	Color work grown
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addres registered agent and/or the new registered office address here:	s on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	r Florida street address
Ente	r r ioriaa sireel aaaress
	, Florida
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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hayden Duerson	6215 Fairway Bay Blv	d ⊟ Add
		Gulfport, FL 33707	☐ Remove
			Add
			□ Remove
		7.1.1	Add
			Remove 5 7
	 		Add
			Remove
			 □ Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	CI Remove
			Add
			Remove

_ ,	er change(s) here: (Attach additional sheets, if necessary.,
 	
Effective date, if other than the date of fi (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart	to date of receipt or filed date and cannot be more than 90 days after
Dated August 4	2014
Pun Da	
Signature o	of a member or authorized representative of a member
Parker Duerson	
	Typed or printed name of signee

Page 3 of 3

NU6 15 % 4 42

Filing Fee: \$25.00