

L15000058727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600286554826

06/07/16--01011--004 **50.00

RECEIVED
2016 JUN -6 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 JUN -6 P 6:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 07 2016

Warren
S MASON

The Law Offices of John J. McGlynn III, PLLC

759 S. Federal Highway, Suite 200H

Stuart, Florida 34994

Telephone: (772) 349-5646

E-mail: jmcglynnpl@gmail.com

www.southflawfirm.com

May 26, 2016

State of Florida
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Re: Four T's Forever, LLC and Four T's and A K, LLC
Articles of Amendment**

Dear Corporate Representative:

I have enclosed two (2) Articles of Amendment for Four T's Forever, LLC and Four T's and A K, LLC together with a check in the amount of \$50.00 to cover the filing fees.

Sincerely yours,



John J. McGlynn III

Enclosures

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FOUR T'S FOREVER, 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 APRIL 02, 2015 and assigned
Florida document number L15000058727.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

JOHN J. MCGLYNN III, PLLC

New Registered Office Address:

759 S. FEDERAL HIGHWAY, SUITE 200F

Enter Florida street address

STUART

City

Florida 34994

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 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2016 JUN - 6 P 6:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 26, 2016

Signature of a member or authorized representative of a member

John J. McGlynn III

John J. McGlynn III

Typed or printed name of signee

FILED
2018 JUN -6 P 6:02
-SECRETARY OF STATE
TALLAHASSEE, FLORIDA