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Special Instructions to I	Filing Officer	

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SECRETARY OF STATE
AND A SSEE, FLORIDA

JUN 1 6 2015 T. HAMPTON

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Forb	es Christie LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Keith Fleisch	Name of Person	
	Forbes Chris	tie Firm/Company	
	12295 Rockl	edge Cir Address	
	Keith.Fleisch	FL 33428 City/State and Zip Code er@Gmail.com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Keith Fleisch	er	at (954) 665-1	100
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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)
	ING ADDRESS:	STREET/COURIE Registration Section	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Forbes Christie LLC			
(Name of the Limited Liability Comp (A Florida Limited	o <mark>any as it now appe</mark> I Liability Company	<u>ars on our records.</u>))	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L15000100752</u>		06/10/2015	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company	nere:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the	designation "LLC" or the abbre	viation "L.IC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		TĂL	<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 office address he		AHASSEE THOMAS on our records, enter the	5m o
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street address	
		, Florida	Zip Code
	Ciţv		Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	– ree to act in this e performance o provided for in	of my duties, and I am fam Chapter 605, F.S. Or, if t	iliar with and his document is

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>	Address	Type of Action		
MGR	Keith Fleischer	12295 Rockledge Cir Boca Raton FL 33428			
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Filing Fee: \$25.00