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12/21/17--01015--023 **25.00

TALLAHA SONE TENENT

COVER LETTER

SUBJECT:	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.	
The state of the s	
Please return all correspondence concerning this matter to the following:	
KEVIN KULIKOWSKI Name of Person	
Name of Person	
CAREFES FORWARD, LLC Firm/Company	
Firm/Company	
228 EAST CONCORD STREET	
Address	
DRIANDO FL 32801	
City/State and Zip Code	
City/State and Zip Code VEVAD Calfely Forwards. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
KULIKOWSKI at (301) 297-5993 Name of Person Area Code Daytime Telephone Number	_
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Solution Status Solution Status Solution Solutio	Status &

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

CORFEESFORWARD	, LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 12/19/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		17 NE
		g 26
		3
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
N 75 P 4	^~ 11	("
 If amending the registered agent and/or registered or registered agent and/or the new registered office address here 		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 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
AMBR_	I'M KNIGHT	1527 HAWKESBURY CT	
		WINTER GARDEN FL 34787	Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
			Change
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E ffecti If an effe	ve date, if other than the date of filing: 12 (19 / 17 (optional) ective 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 605.020	07 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.	ıs t
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.	of:
Dated _	DECEMBER 19+12 , 2017.	
	\h\h	
	Signature of a member or authorized representative of a member	
	Very Vive see	
	Typed or printed name of signee	

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Filing Fee: \$25.00