

L15000179221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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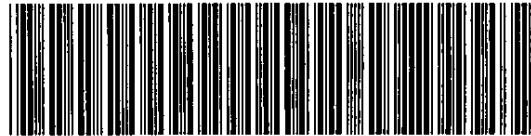
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 06 2017

Y SULKER

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FORSTER 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:

PAULO FACTOR

Name of Person

SAFETY BUSINESS LLC

Firm/Company

6220 S O RANGE BLOSSOM TRAIL SUITE 600

Address

ORLANDO, FL 32809 - US

City/State and Zip Code

SUPPORT@SAFETYTAX.COM

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

For further information concerning this matter, please call:

PAULO FACTOR

407

888 4747

at ( )

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 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**

FORSTER 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 10/16/2015 and assigned  
Florida document number L15000179221.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PITCHWINK LLC

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:**

555 WINDERLEY PLACE

**(Principal office address MUST BE A STREET ADDRESS)**

STE 300, MAITLAND FL 32751

**Enter new mailing address, if applicable:**

555 WINDERLEY PLACE

**(Mailing address MAY BE A POST OFFICE BOX)**

STE 300, MAITLAND FL 32751

**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:

New Registered Office Address:

*Enter Florida street address*

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 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>
MGR	Roberto Jose de Barros Rego	AV GENARO DE CARVALHO	<input checked="" type="checkbox"/> Add
		2670 APT 102	<input type="checkbox"/> Remove
		BANDEIRANTES, RJ 22795.BR	<input type="checkbox"/> Change
MGR	FLAVIO BALLESTE	3526 FOREST PARK DR	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FLAVIO MISK FORSTER	Rua San Clemente 250 Casa21	<input checked="" type="checkbox"/> Add
		BOTAFOGO,RJ 22260-004.BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JUN - 95  
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

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17 JUN - 5 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

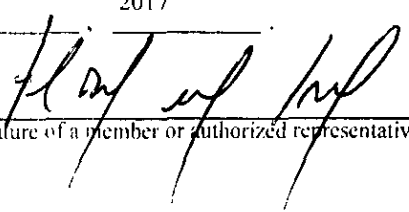
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 18, 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

FLAVIO MISK FORSTER

\_\_\_\_\_  
Typed or printed name of signee