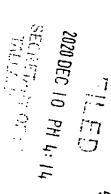
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YAA. 1/21/21

## **COVER LETTER**

Division of Cor			
Forever Fr	aming, LLC	·	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	societed for filing	
		_	
riease return all correspo	ondence concerning this matter	to the following:	
	Kristin Brown		
		Name of Person	
	Forever Framing, LLC		
		Firm/Company	<del></del>
	3322 SE Gran Park Way		
		Address	
	Stuart, FL 34997		
		City/State and Zip Code	<del></del>
	kbrown@mkbrownholding	s.com to be used for future annual report not	(figurian)
For further information c	concerning this matter, please c		(III. alivii)
	oncerning this matter, preuse e		
Name of Person		772 362-9500 at () Area Code Daytin	ne Telephone Number
Name o	) Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
<b>\</b> /	~	□ 000 00 PH	□ 640 00 PH - P
□/\$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:		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number \_\_\_\ 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 apprevia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (D (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: New Registered Office Address: Enter Florida street address City

## 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
Mgr	Kristin Brown	3322 SE Gran Park Way	■Add
		Stuart, FL 34997	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
		-	□Remove
			□Change

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~	<del></del>
Note: 11	the date, if other than the date of filing: (optional)  tive 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 (of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
he record ord is filed	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 d.
Dated	December 3
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	V 0 0 \ V) =: 0

Filing Fee: \$25.00