1/600/202381

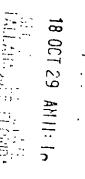
| (F | Requestor's Name) |
|------------------------|-------------------------|
| (A | Address) |
| (F | Address) |
| (0 | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (E | Business Entity Name) |
| (0 | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions t | o Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Division of | n Section Corporations | | |
|------------------------------|--|---|---|
| and the sea count | INVESTMENTS, LLC | | |
| SOBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles | s of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corre | espondence concerning this matter | to the following: | |
| | KYLE KOBEL | | |
| | | Name of Person | |
| | FOKO INVESTMENTS, U | .L.C | |
| | | Firm/Company | |
| | 274 E EAU GALLIE BLV | D. PMB 334 | |
| | | Address | |
| | INDIAN HARBOUR BEA | CH, FL 32937 | |
| | | City/State and Zip Code | · |
| | KYLE@FOKOLLC.COM E-mail address: (1 | to be used for future annual report notif | ication) |
| For further information | on concerning this matter, please ca | all: | |
| KYLE KOBEL | | 503 816-7739 | |
| Nar | ne of Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check f | or 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



FORO 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 l Florida document numberL16000202381 | Liability Company were filed on _ | 11/03/2016 | and assigned |
|--|--|----------------------------|---------------------------------------|
| This amendment is submitted to amend the fol | llowing: | | |
| A. If amending name, enter the new name | of the limited liability company l | nere: | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the | designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if appli | icable: | | · · · · · · · · · · · · · · · · · · · |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| Patanana maitina addusaa if amaliaablaa | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | <u> </u> | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | on our records, <u>ent</u> | er the name of the new |
| Name of New Registered Agent: | KYLE KOBEL | | |
| New Registered Office Address: | 1179 BAY DR E | | |
| | Enter Fl | orida street address | |
| | INDIAN HARBOUR BEACH | Florida | 32937 |
| | 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

| | from our records: | to manager enter the t | the, name, and address of each person being add |
|---------------------|------------------------------|------------------------|---|
| MGR = M AMBR = A | lanager authorized Member | | 18 OCT 29 AH II: 1- |
| <u>Title</u> | <u>Name</u> | Address | Type of Action Add |
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| fective date, if other than the da in effective date is listed, the date must be ite: If the date inserted in this block cument's effective date on the Depar | does not meet the applica | o date of filing or more tha ble statutory filing requ | n 90 days after filing.) Pursus irements, this date will no | ant to 605.02 of be listed |
| record specifies a delayed ef The 90th day after the record | | an effective time, | at 12:01 a.m. on th | e earlier |
| OCTOBER 26 | 2018 | _· _ | | |
| V | ROK | - O (| rember | |

Page 3 of 3

Filing Fee: \$25.00