

216000219883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

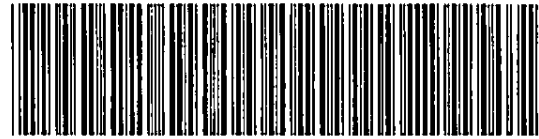
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/28/17--01025--013 **25.00

J. LEGGETT
DEC 14 2017

FILED
2017 NOV 27 AM 11:32
17 DEC 13 AM 3:46
HALL COUNTY CLERK
HALL COUNTY CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2017

DAVID SELZER
8815 EAST ESCONDIDO WAY
BOCA RATON, FL 33433 US

SUBJECT: FOREST PROPERTIES OF FLORIDA, LLC
Ref. Number: L16000219883

We have received your document for FOREST PROPERTIES OF FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 617A00024081

2017 DEC 14 AM 11: 92

1611 11: 11

TO: Registration Section
Division of Corporations

SUBJECT: FOREST PROPERTIES OF FLORIDA, 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:

DAVID SELZER
Name of Person

FOREST PROPERTIES OF FLORIDA, LLC
Firm/Company

8815 EAST ESCONDIDO WAY
Address

BOCA RATON, FL. 33433
City/State and Zip Code

URA007@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID SELZER at (561) 852-4322
Name of Person Area Code Daytime Telephone Number

* Enclosed is a check for the following amount: \$25.00 check previously sent

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 ORGANIZATION
OF

FOREST PROPERTIES OF FLORIDA, 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 12/05/2016 and assigned
Florida document number L16000219883

This amendment is submitted to amend the following:

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

FOREST PROPERTIES SOUTH, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1063 CORNWALL D

BOCA RATON, FL. 33434

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1063 CORNWALL D

BOCA RATON, FL. 33434

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:

DAVID SELZER

New Registered Office Address:

1063 CORNWALL D

Enter Florida street address

BOCA RATON

City

Florida 33434

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.

X


If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

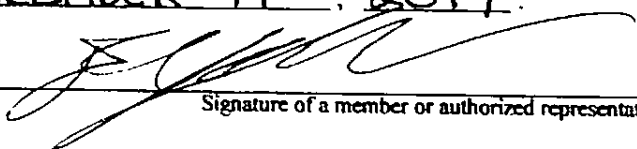
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17 DEC 13 AM 9:46
TALLAHASSEE, FLORIDA

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 DECEMBER 11, 2017.

X  _____
Signature of a member or authorized representative of a member

DAVID SELZER _____
Typed or printed name of signee