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(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORGE CONSTRUCTION, 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:

PETER HUY, ESQ.

Name of Person

KRAMER HUY P.A.

Firm/Company

950 NORTH COLLIER BOULEVARD, SUITE 101

Address

MARCO ISLAND, FLORIDA 34145

City/State and Zip Code

mail@marcoislandlaw.com

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

For further information concerning this matter, please call:

PETER HUY, ESQ.

239 394-3900
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2007.11.22 PM 3:27

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FORGE CONSTRUCTION, 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 MAY 24, 2017 and assigned
Florida document number L17000113800.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1373 CHESAPEAKE AVENUE

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FLORIDA 34102

Enter new mailing address, if applicable:

P.O. BOX 1311

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FLORIDA 34106

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:

1373 CHESAPEAKE AVENUE

Enter Florida street address

NAPLES

City

Florida 34102

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>
AMBR	STEVEN PRATO	2047 SAGEBRUSH CIRCLE	<input type="checkbox"/> Add
		NAPLES, FLORIDA 34102	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JEFFREY PERKINS	1373 CHESAPEAKE AVENUE	<input type="checkbox"/> Add
		NAPLES, FLORIDA 34102	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00