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| (Req | questor's Name) | · · · · · · · · · · · · · · · · · · · |
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| (Add | lress) | |
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| (City | //State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nam | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

| то: | Registration Se Division of Cor | | | |
|-----------|------------------------------------|---|---|--|
| SUBJE | COURT. | STEFAN LLC | | |
| 30DJE | C1 | Name of Lim | ited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | endence concerning this matter | to the following: | |
| | | STEFAN FORGAC | | |
| | | | Name of Person | |
| | | FORGAC STEFAN LLC | | 1 |
| | | | Firm/Company | - |
| | | 330 W GOVERNMENT S | Ϋ́Т | |
| | | | Address | |
| | | PENSACOLA, FL 32502 | | |
| | | | City/State and Zip Code | |
| | | | GALLISON@GMAIL.COM | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For furth | ner information c | oncerning this matter, please c | all: | |
| ALLIS | NOTAIH AC | | 850 529-7333 at () | |
| | Name o | f Person | Area Code Daytime | : Telephone Number |
| Enclose | d is a check for tl | he 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) |
| | MAII | ING ADDRESS. | STDFFT/COUDII | FD ANNDESS. |

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

2017 007 25 AM 10: 07

FORGAC STEFAN 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 <u>06/19/2017</u> | and assigned |
|---|--|---|
| Florida document number L17000133637 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lial | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company." the designation " | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 330 W GOVERNMENT S | т |
| (Principal office address MUST BE A STREET ADDRESS) | PENSACOLA, FL 32502 | |
| Pater non-relies address if applicables | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 330 W GOVERNMENT S | T |
| induning underess in the DE ATTOST OF THE BOAY | PENSACOLA, FL 32502 | |
| registered agent and/or the new registered office address her Name of New Registered Agent: | <u>re</u> : | |
| New Registered Office Address: | Enter Florida street aa | 11 |
| | | |
| | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | <u>:</u> | I |
| I hereby accept the appointment as registered agent and agreen provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | e performance of my duties provided for in Chapter 60 | i, and I am familiar with and 05, F.S. Or, if this document is |
| If Cha | inging Registered Agent, <u>Signat</u> | ure of New Registered Agent |

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------|-------------------|-------------------------|
| AMBR | MATUS KUREJA | 6621 WATER ST | ■ Add |
| | | NAVARRE, FL 32566 | □ Remove |
| | | · | □ Change |
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| | | | Remove Change |
| | | | Remove |
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| Fective date, if other than the date of filing: (optional) (optional) (reflective 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 605.0 date is instead, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 date is instead, the state of the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 date of the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing.) Pursuant to 605.0 date of filing or more than 90 days after filing. | | | | | |
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Page 3 of 3

Filing Fee: \$25.00