## 118000039299

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JUN 1 5 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Se Division of Co				
D. Plant C	Consulting, LLC			
SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	David R. Plant			
		Name of Person	··	
	D. Plant Consulting, LLC			
		Firm/Company	<del></del>	
	216 Duckwood Ln			
		Address		
	Ponte Vedra Beach, FL 32	2082		
	david.r.plant@gmail.com	City/State and Zip Code		
	E-mail address: (	to be used for future annual report no	tification)	
For further information of	oncerning this matter, please c	all:		
David Plant		678 457-7575		
Name o	f Person	at ()	me Telephone Number	
Enclosed is a check for the	ne 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 Addres		Street Address:		
Registration Section Division of Corporations		<del>-</del>	Registration Section Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee, I			oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D. Plant Consulting, 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 \_ Florida document number \_\_\_\_L18000039299 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 4FORE3 Holdings, LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 , Florida

## 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>	Name	Address	Type of Action
			□Add
			Remove
			□Add
			□ Rетюче
			☐Change
			□Add
			Remove
			Change
			□Add
			[] Remove
			☐Change
			□Add
			П <b>Rem</b> ove
			☐ Change

. If amending any other infor	mation, enter change(s) here: (Attach ad	lditional sheets, if necessary.)
<del></del>		
Effective date, if other than a (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior to date of filing s block does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3 filing requirements, this date will not be listed as th
the record specifies a delayed effectord is filed.	ctive date, but not an effective time, at 12:01 a	i.m. on the earlier of: (b) The 90th day after the
May 21	2020	
Dated	Signature of a member or authorized represent	
David R. Plant	Signature of a member of authorized represent	anve of a member

Filing Fee: \$25.00

Typed or printed name of signee