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SECRETARY OF STATE
TALLAHASSEE, FLORIOF

COVER LETTER

то:	Registration So Division of Cor				
SUBJI		dvisors LLC			
.50 03	<u> </u>	Name of Lin	nited Liability Company		
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Mariano Scola			
			Name of Person		
		Forward Advisors LLC			
	FirnyCompany				
	12000 Old Cutler Road				
	-	-	Address		
		Miami, Fl 33156			
					
		scola lint@aol.com			
		E-mail address: (to be used for future annual report notif	ication)	
For fur	ther information c	concerning this matter, please c	all:		
Maria	no Scola		305 4919836 at ()		
	Name o	of Person	at () Area Code Daytime	2 Telephone Number	
Enclos	ed is a check for th	he following amount:			
■ \$2	5.00 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

Forward Advisors LLC		
(Name of the Limited Liability Compan (A Florida Limited L	iy as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company value of Organization for this Organization for this Organization for this Organization for Organization for this Organization for Organ	were filed on February 21st, 2018	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8 [[]
Principal office address MUST BE A STREET ADDRESS)		R
		유
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		05
 If amending the registered agent and/or registered off registered agent and/or the new registered office address here 		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	_	
	Enter Florida street address	
	Florida	
	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

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>	Address	Type of Action
AMBR	Mariano Scola	12000 Old Cutler Road	■ Add
			Remove
			☐ Change
			☐ Remove
			Change
		·	Add
			☐ Remove
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an effec	ctive date, it otner t	than the date of fi e date must be specific	nng: and cannot be pri	or to date of filing o	more than 90 days af	tional) ler filing.) Pursuant to 605.	.0201
ote: [f the date inserted	in this block does no	ot meet the appl	icable statutory fi	ling requirements, t	his date will not be liste	ed as
ocume	nt's effective date	on the Department	of State's record	ls.			
		delayed effective the record is file		ot an effectiv	e time, at 12:01	a.m. on the earlie	ег о
1116.	John day arter	the record is the	eu.				
, F	ebruary 28th	\sim	2018				
ated _			·	·			
		\		horized representat			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00