

LIS 0000 52094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

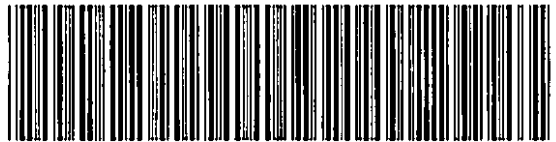
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JAN 25 AM 7:58  
FILED  
CLERK OF COURT  
JAN 25 2021

O SIMMONS

FEB 25 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FORESTWOOD ASSOCIATES, 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:

Ilene Rein

\_\_\_\_\_  
Name of Person

Forestwood Associates, LLC

\_\_\_\_\_  
Firm/Company

350 N Federal Highway, Unit 102

\_\_\_\_\_  
Address

Boynton Beach, FL 33425

\_\_\_\_\_  
City/State and Zip Code

forestwoodassociates@gmail.com

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

For further information concerning this matter, please call:

Ilene Rein

201 785-4422  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

**Figure 6**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David Rein	350 N. Federal Highway	<input checked="" type="checkbox"/> Add
		Unit 102	<input type="checkbox"/> Remove
		Boynton Beach, FL 33435	<input type="checkbox"/> Change
MGR	Ilene Rein	350 N. Federal Highway	<input type="checkbox"/> Add
		Unit 102	<input type="checkbox"/> Remove
		Boynton Beach, FL 33435	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: January 1, 2021 (optional)

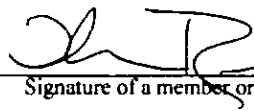
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

1/20/21



Signature of a member or authorized representative of a member

Ilene Rein

Typed or printed name of signee

Filing Fee: \$25.00