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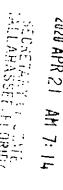
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COVER LETTER

TO: Registration Se Division of Con			
		Lofts, LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Alan Hooper	
		Name of Person	
		The Forge Lofts Manager, LLC	
		Firm/Company	
		421 N. Andrews Ave	
		Address	
		Fort Lauderdale, Florida 33301	
		City/State and Zip Code	
		salazar@hooperconstruction.net	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report n	otification)
	ali Salazar	954 761-84	30
		at ()	
Name o	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for the	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)
Mailing Addres		<u>Street Address:</u> Registration S	Section
Division of C		Division of C	
P.O. Box 632		The Centre of	
Tallahassee,	r し 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORGE LOFTS, LLC

(<u>Name of the Limited Liability C</u> (A Florida Litt	ompany as it now appears on our recornited Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Comp Florida document number	bility Company were filed on 05/01/2018 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The Forge Lofts, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u>(S)</u>		
		APR	
Enter new mailing address, if applicable:		20 20 20 20 20 20 20 20 20 20 20 20 20 2	
(Mailing uddress MAY BE A POST OFFICE BOX)		nr	
	·		
B. If amending the registered agent and/or registered of agent and/or the new registered office address bere:	Tice address on our records, <u>ente</u>	r the name of the flew registere	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	255	
	F	lorida	
	City	Zip Code	

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 = Ma $AMBR = Au$	nnager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Remove
			⊡Change
			□Add
			Change
			□ Add □ Remove
			□Change
			Remove
			□Change
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ffective date, if other than the dan effective date is listed, the date must be lote: If the date inserted in this blococument's effective date on the Dep	e specific and cannot be prior to date on k does not meet the applicable sta	f filing or more than 90 days after	filing.) Pursuant to 6	05.0201 sted as
record specifies a delayed effective lis filed.	date, but not an effective time, at I	2:01 a.m. on the earlier of: (b) The 90th day af	ter the
April 20	2020			
and and				
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Filing Fee: \$25.00