# 118000 133876

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# **COVER LETTER**

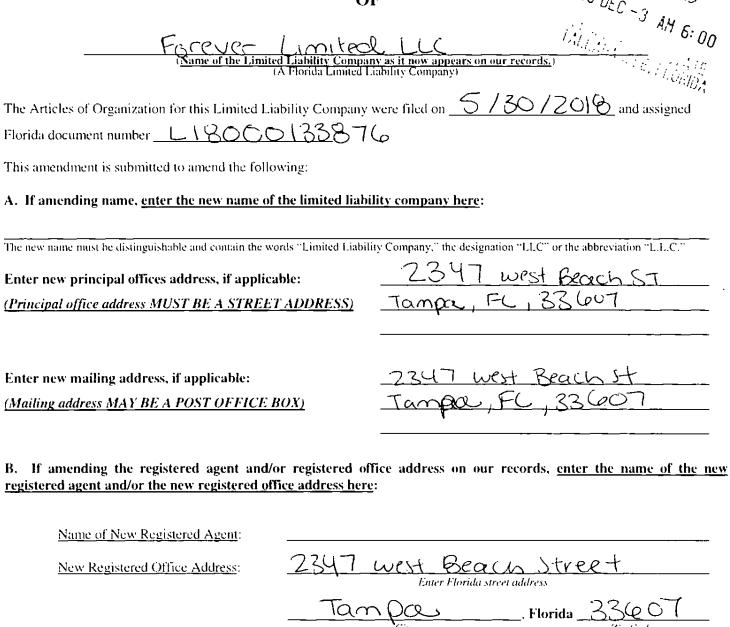
TO: Registration Section Division of Corpe			
SUBJECT:	Forever Liv Name of Limi	mited ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subt	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Daniel	Lynch Name of Person	
		Er Limited 1	
	<u>2347 ue</u>	st Beach Stre	et
	Tampa/Fu foreverling E-mail address: (1	City/State and Zip Code  nitelle Came o be used for future annual report notifi	al com
For further information con	cerning this matter, please ca	11:	
Daviel L Name of F	Inch erson	at ( <u>913</u> ) <u>47 (o</u> Area Code Daytime	-5937 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



#### 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, <u>enter the title, name, and address of each person_being a or removed from our records</u> :				
MGR = Manager AMBR = Authorized Member		Address  Address		
Title	<u>Name</u>	Address AM 6: 00	Type of Action	
		The LURIDA		
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be partie. If the date inserted in this block does not meet the approximent's effective date on the Department of State's reconstruction.	(optional)  rior to date of filing or more than 90 days after filing.) Pursuant to 605.020 plicable statutory filing requirements, this date will not be listed and a rds.
record specifies a delayed effective date, but he 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier
ed_11/16/18	
V \ <	uthorized representative of a member
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Page 3 of 3

Filing Fee: \$25.00