L18000214314

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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

Registration Section

Division of Corporations

TO:

	al Estate, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	William James Forbes Mg	r			
		Name of Person			
		Firm/Company			
	1313 SW Troon Circle				
		Address			
	Palm City Florida 34990-4410				
		City/State and Zip Code			
	JimForbesRE@gmail.come E-mail address: (to be used for future annual report noti	fication)		
For further information	concerning this matter, please c				
William James Forbes		772 370-2466			
Name	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	S30.00 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 Addr Registration	Section	Street Address: Registration Se			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears o iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000214314}{L18000214314}$	were filed on 09/09	9/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	2:	
Jim Forbes Real Estate, LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desi	ignation "LLC" or the abbrev	iation "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 a agent and/or the new registered office address here:	ddress on our rec	ords, <u>enter the name of</u>	the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	7	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			

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
<u>. </u>			□ Add
			□Remove
			DAdd
			□ Remove
			☐ Change
			□ Add
			□Remove
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□Add
			□Remove
			□Change

•	
r ee	ive date, if other than the date of filing: (optional)
Note:	feetive date, if other than the date of filing:
e reco rd is f	rd 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 filed.
	February 8th 2020
Th	
Dated	1 William Fill
Dated	Signature of a member or authorized representative of a member