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Certified Copies	_ Certificates	of Status
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#### **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:F	OUTWINS IN Name of Limi	ted Liability Company	LC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Tuan T	Name of Person		
		Firm/Company	<del></del>	
	7204 Lak	e willis D	<u> </u>	
	-Orheande	City/State and Zip Code  74	Com	
SUBJECT: Forwing Investment 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:  Name of Person				
Tvan Name o	TRAN f Person	at ( <u>407</u> ) <u>3</u> Area Code I	61-3049 Daytime Telephone Number	
Address  OF Land OF L 328 Z/  City/State and Zip Code  Lond Tran 74@ Value Com  E-mail address: (to be used to future annual report notification)  For further information concerning this matter, please call:    Van   TRAN   at (407)   36/- 3049     Name of Person   Area Code   Daytime Telephone Number    Assessing the concerning the content of the c				
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

### 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fourwins	Investment LL	- · · · · · · · · · · · · · · · · · · ·
( <u>Name of the Limited Liabit</u> (A Florid	ny Company as it now appears on our rec a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	$\cdot$ $\cdot$ $\cdot$ $\cdot$	19 and assigned
Florida document number <u>L 190000998Z</u>	<u>L</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del>- , , , , ,</del>	
(Principal office address MUST BE A STREET ADD	RESS)	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Елter Florida street ad	dress
	City	Florida 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 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

Title	Name	Address	Type of Action
MGR	Phuong Ngoyon	763 Park Springs CT	XAdd
		763 Park Springs CT Port orange FL 32128	Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an ei <u>Note:</u>	rive date, if other than the date of filing:
e reco	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 iled.
Dated	6/30/20
	Signature of a member or authorized representative of a member