L19000148082

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATION STYLESTOR TO PHIZ: 09

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COVER LETTER

| TO: Registration So Division of Cor | | | | | |
|--|---|---|--|-----------|-------------------------|
| FORESAII | L, LLC | | • | | |
| | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | CHRISTINA BOWMAR | | | | |
| | | Name of Person | | | |
| | FORESAIL, LLC | | | | |
| | | Firm/Company | | | |
| | 5216 RIVERSIDE DRIVE | | | | |
| | | Address | | | ~= |
| | PORT ORANGE, FL 321 | 27 | | ر 19 | - <u>11 c</u> - 71 c |
| | FORESAILLLC@GMAIL. | City/State and Zip Code COM | | JUL -1 | 7 () 7 () 7 () |
| | E-mail address: (| to be used for future annual report notifi | cation) | | 기유 조건 |
| For further information of | concerning this matter, please ca | all: | | PH 12: 09 | 133 153 153 |
| CHRISTINA BOWMAI | R | 407 252-8048 | | 99 | STATE |
| Name o | of Person | | Telephone Number | | Đ |
| Enclosed is a check for t | 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 For Certificate of St Certified Copy (additional copy is a | atus & | |
| | | | | | |

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

| FORESAIL, LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our records. imited Liability Company) | .) |
| The Articles of Organization for this Limited Liability Cor Florida document number £19000148082 | mpany were filed on 6/1/19 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 3 5 5 5 |
| Principal office address MUST BE A STREET ADDRE | <u></u> | <u> </u> |
| Enter new mailing address, if applicable: | | 시 PM (1) 및 지 및 (2) |
| Mailing address MAY BE A POST OFFICE BOX) | | : 09 AT 03 |
| B. If amending the registered agent and/or registe registered agent and/or the new registered office addre | | enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | E Plant | |
| | Enter Florida street address | |
| | , Flor | |
| | City | 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 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 |
|--------------|--------------|---|----------------|
| MGR | BRENDA MANIS | 2250 WESTWOOD DR. LONGWOOD, FL 32779 | |
| | | | ☐ Remove |
| | | | ☐ Change |
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|). If amending any other information | | | |
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| 2. Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep | specific and cannot be prior to k does not meet the applicab | | |
| the record specifies a delayed of the Poth day after the record | | an effective time, at 1 | 2:01 a.m. on the earlier of: |
| Dated June 27 | 2019 Solution 2019 Solution authority of authority of authority of a member of authority of au | zed representative of a membe | er |
| Christina Bowmar | 2 | | |
| Christina bowmar | Typed or printed | name of sionee | |

Page 3 of 3

Filing Fee: \$25.00