

L19 000189529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

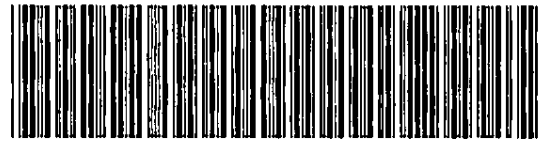
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FOREVER RANCH, 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:

Heidi S. Webb

Name of Person

Law Office of Heidi S. Webb

Firm/Company

140 South Beach Street Suite 310

Address

Daytona Beach, FL 32114

City/State and Zip Code

Heidi@heidiwebb.com

E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Jacqueline Gonzalez

at ( 386 )

257-3332

Name of Person

Area Code

Daytime 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## FOREVER RANCH, LLC

The Articles of Organization for this Limited Liability Company were filed on 05/12/2022 and assigned  
Florida document number L19000189529.

**A. If amending name, enter the new name of the limited liability company here:**

**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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVID HIGGS	274 WOODHAVEN CIR WEST.	<input type="checkbox"/> Add
		ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Remove
	DAVID HIGGS, Trustee of the DAVID HIGGS TRUST DATED MAY 12, 2022		<input type="checkbox"/> Change
MGR		274 WOODHAVEN CIR.	<input checked="" type="checkbox"/> Add
		ORMOND BEACH, FL 32174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECTION OF 2nd  
DIVISION OF CONSERVATION

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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### VISION OF COMMUNICATION

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 8/3, 2022

Signature of a member or authorized representative of a member

HEIDI WEBB FLBAR 73958

Typed or printed name of signee

**Filing Fee: \$25.00**

ASSIGNMENT OF INTEREST

FOR VALUE RECEIVED, David Higgs, hereby sells, assigns, and transfers unto David Higgs, Trustee of the David Higgs Trust dated May 12, 2022, all FOREVER RANCH LLC, and does hereby irrevocably constitute and appoint Attorney Heidi S. Webb to transfer said interest on the books of the within named Company with full power of substitution.

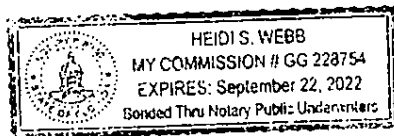
DATED: 5/12/2022

David Higgs  
DAVID HIGGS

STATE OF FLORIDA  
COUNTY OF VOLUSIA

SUBSCRIBED AND SWORN TO BEFORE me this 12<sup>th</sup> day of May, 2022, by DAVID HIGGS, by means of ✓ physical presence or        online notarization, who ( ✓ ) is personally known to me; (        ) produced a Florida driver's license; (        ) other        as identification after first being placed under Oath by me.

Heidi S. Webb  
HEIDI S. WEBB  
Notary Public, State of Florida  
My Commission Number is:



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