L19000291466

(Requestor's Name)
(Address)
(Address)
(/1001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Excument Number)
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Amend

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eun ic <i>c</i>	- 1	elf Growth LLC		
SUBJEC	l:	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	-	
Please rett	urn all corresp	ondence concerning this matter	to the following:	
		Shamika Santos		
			Name of Person	
		Forever Self Growth LLC		
			Firm/Company	
		6918 Woodridge Estates I	Drive	
			Address .	
		New Port Richey FL 3465	3	
			City/State and Zip Code	
		foreverselfgrowthllc@gma E-mail address:	il.com to be used for future annual report noti	fication)
For further	r information o	concerning this matter, please c	•	,
Shamika S	Santos		413 210-4774 at (
	Name o	of Person		e Telephone Number
Enclosed i	s a check for t	he following amount:		
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

TO:

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

(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.)
The Articles of Organization for this Limited Florida document number L19000291466	Liability Company were filed on	and assigned
This amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		2020
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>	
3. If amending the registered agent and/or gent and/or the new registered office address.	registered office address on our	records, enter the name of the new regis
Name of New Registered Agent:	Shamika Santos	
New Registered Office Address:	6918 Woodridge Estates Drive	
	Enter F	lorida street address
	New Port Richey	, Florida ³⁴⁶⁵³
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Forever Self Growth LLC

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>	Name	Address	Type of Action
MGR	Shamika Santos	6918 Woodridge Estates Drive New Port Richey Fl	
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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an effectiv lote: If th	date, if other than the redate is listed, the date mus ne date inserted in this ble s effective date on the De	t be specific and car ock does not mee	t the applicable st	of filing or more than atutory filing requir	(optional) 90 days after filing.) Pure ements, this date will	suant to 605.0207 (not be listed as t
record sp is filed.	ecifies a delayed effective	e date, but not an	effective time, at	12:01 a.m. on the e	arlier of: (b) The 900	h day after the
ated	3/9/20	, ,	·			
	/ /	Online Signature of a men	K Sutt	epresentative of a mer	nber	
				,	·	