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## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
Forst La SUBJECT:	w Firm, LLC		
	Name of L	imited Liability Company	
The anglocad Articles	=FA		
	of Amendment and fee(s) are su		
reaso rettant air corres	spondence concerning this matte	er to the following:	
	Krishna L. Domenech		
		Name of Person	
	Aust Law Firm		
		Firm/Company	
	1220 E. Livingston Street	ı	
		Address	
	Orlando, FL 32803		
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report not	(fication)
For further information	concerning this matter, please of	,	
Krishna L. Domenech		407 447-5399	
Name	of Person	at ()	e Telephone Number
		Auta Coat Daylin	e releptione Number
Enclosed is a check for	the following amount:		
■ \$25.00 Fiting Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Forst Law Firm, LLC (Name of the Limited Elability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 13, 2021 and assigned Florida document number <u>L20000101495</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Forst Law Firm, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling 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

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:

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