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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
SECRETARY OF STATE
OF CORPORATIONS
ON OF CORPORATIONS

J DERINIS

COVER LETTER

то:	Registration Sec Division of Corp			
(1778) III.		NT SECURITY LLC		·
SUBJE	CT:	Name of Limi	ed Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter t	o the following:	
		JOSHUA STRONG		
			Name of Person	
		QUALITY TAX & ACCO	UNTING SERVICES LLC	
			Firm/Company	
		3113 S RIDGEWOOD AV	E	
			Address	
		5 OUTH DAYTONA FL	32119	
			City/State and Zip Code	
		JOSHUA.QFSINC@GMAI	L.COM to be used for future annual report no	. F
For furt	ther information c	oncerning this matter, please ex		(Treation)
JOSHU	JA STRONG		386 761-7855	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclose	ed is a check for the	he following amount:		
■ \$2:	5.00 Filing 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 Address Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOREFRONT SECURITY LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our record orida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liabilit Florida document number 1.20000232151		and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
FORFRONT CONSTRUCTION LLC		
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 AL	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ω	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter</u> e <u>re</u> :	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ws
_	, F	lorida
	Cuy	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			⊡Add
			Remove
			☐ Change
			□ Add
			□Remove
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Effective date, if other than the date of filing:	 			.	-	
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Filing Fee: \$25.00