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(Req	uestor's Name)	<u></u>
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COVER LETTER

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CHDIECT	FOREAL L			
SUBJECT			nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		HANNA SKORIK		
			Name of Person	· · · · · · · · ·
		FOREAL LLC		
			Firm/Company	
		1755 E Hallandale Beach	BLVD 1508E	
			Address	
		Hallandale Florida 33009		
			City/State and Zip Code	
		Hanna.Skorik@mail.ru		
		E-mail address: (to be used for future annual report no	etification)
For further	information c	oncerning this matter, please c	all:	
Hanna Sko			646 5091004 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres		Street Address: Registration S	ection
Division of Corporations		Division of Corporations		
	O. Box 632 Illahassee, l		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FOREAL LLC

START OF CATE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	iability Company wer	e filed on 02/23/2021	and assigned
Florida document number L21000089407	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	_		
Enter new mailing address, if applicable:			
<u>(Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>		
	_		
B. If amending the registered agent and/or agent and/or the new registered office addre	~.	ess on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	Hanna Skorik		
New Registered Office Address:	1755 E Hallandale E	Beach BLVD apt.1508 E	
		Enter Florida street address	
	Hallandale	, Flor	rida ³³⁰⁰⁹
		City	Zin Coyle

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

AMBR = A	Authorized Member	AND TAKE DESCRIPTION OF THE CONTROL	
<u>Title</u>	<u>Name</u>	Address 21 AFR 19 A附 10: 00	Type of Action
MGR	Hanna Skorik	1755 E Hallandale Beach BLVD apt.1508E Halland	alc ■Add
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If the date inserted in this ble	date of filing: st be specific and cannot be prior to date ock does not meet the applicable separtment of State's records.	e of filing or more than) Pursuant to 605
d specifies a delayed effectiv led.	e date, but not an effective time, a	t 12:01 a.m. on the e	arlier of: (b) Th	ie 90th day afte
13 April	2021			
			_	_
	H.		7	<u> </u>
	Signature of a member or authorized	representative of a me	mber	<u> </u>