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Office Use Only



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COVER LETTER

	gistration Servision of Corp		·	
eun IPAT.		ative Company LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing	
		ndence concerning this matter		
		Vincent A. Hunt		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Forever Creative Company	LLC	
		·	Firm/Company	
		80 Country Way		
			Address	
		Crawfordville, FL 32327		
			City/State and Zip Code	
		vincent@forevercreative.co		
		E-mail address: (to be used for future annual report not	ification)
For further	information c	oncerning this matter, please ca	all:	
Vincent A.	Hunt		850 524-7271 at ()	
-	Name o	f Person	Area Code Daytin	ne 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		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co		
P.	O. Box 632	7	The Centre of	Tallahassee
Ta	ıllahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Forever Creative Company LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on March 5, 2021 and assigned
Florida document number L21000107354	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
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:	
Mailing address MAY BE A POST OFFICE BOX)	
	σ
3. If amending the registered agent and/or registered office address on	our records, enter the name of the new regist
gent and/or the new registered office address here:	Lin = team
	115; 12 115; 12
Name - CN Danishand Asses	- 14 · 18 · 18 · 18 · 18 · 18 · 18 · 18 ·
Name of New Registered Agent:	
New Registered Office Address:	
	ter Florida street address
	, Florida
City	Zin 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
AMBR	Jason Stamm	80 Country Way, Crawfordville, FL 32327	\equiv Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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			Change
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			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change

Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00