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## **COVER LETTER**

Fore Amer	ica LLC				
SUBJECT:		ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Chadwick Sanders				
		Name of Person			
	Fore America LLC				
		Firm/Company			
	2351 W. Atlantic Blvd #66	59025			
		Address	<del></del>		
	Pompano Beach, FL 33069	•			
		City/State and Zip Code	·-····································		
	theforeteefivemovement@g				
		to be used for future annual report not	tification)		
For further information of	concerning this matter, please c	all;			
Chadwick Sanders		954 548-4644 at ( )			
Name o	of Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for t	he 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 enclos		
Mailing Address		Street Address:	action		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632	27	The Centre of	Tallahassee		
Tallahassee,	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Fore America LLC			2022 JUN 10 AM 6: 41
(Name of the Lim	ited Liability Compan (A Florida Limited L	ny as it now appears liability Company)	on our records.)
The Articles of Organization for this Limited I	•		TALLAHASSES FITE
he Articles of Organization for this Limited I	Liability Company	were filed on Apr	and assigned
lorida document number L21000154856	·		
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name of	of the limited liabi	lity company her	<u>e</u> :
he new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the de	signation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	2351 W. Atlantic	#669025
Principal office address MUST BE A STRE	ET ADDRESS)	Pompano Beach,	FL 33069
Inter new mailing address, if applicable:			<del></del>
Mailing address MAY BE A POST OFFICE	BOX)		
3. If amending the registered agent and/or gent and/or the new registered office addre	•	ddress on our re	cords, enter the name of the new registere
Name of New Registered Agent:			
New Registered Office Address:	2351 W. Atlanti	c #669025	
		Enter Flori	da street address
	Pompano Beach	<b>.</b>	, Florida 33069
		City	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
AMBR	Coleman, Heather	1162 SW Lighthouse Dr	
		Palm City, FL 34990	■Remove
			□Change
	•		□Add
			□Remove
			□Change
			□Add
			□Remove
		<del> </del>	Change
	<del></del>		□Add
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		<del></del>			
fective date, if other than the neffective date is listed, the date meter. If the date inserted in this cument's effective date on the	ust be specific and can block does not meet	the applicable	ate of filing or more statutory filing re	than 90 days after fi equirements, this	ling.) Pursuant to 605.020
ecord specifies a delayed effect is filed.	ive date, but not an e	effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
June 2	2	022			
nted Julie 2	geles -				
	Signature of a mem	ber or authorize	ed representative of	a member	