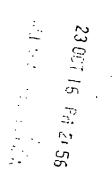


(Decision North
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1.00-
J. HORNE OCT 2 4 2023
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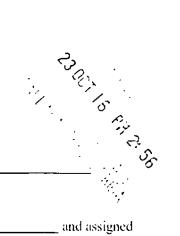


COVER LETTER

	ision of Cor		÷	
CHD ICCT.		NT TRANSACTION MANAC		
SUBJECT:	-	Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		MELODY WILLIAMS		
			Name of Person	
		FOREFRONT TRANSAC	TION MANAGEMENT, LLC	rt notification) 284 Daytime Telephone Number S60.00 Filing Fee. Certificate of Status Certified Copy radditional copy is enclos ess: n Section f Corporations of Tallahassee
			Firm/Company	····
		2531 MAN OF WAR CIR	CLE	
			Address	
		SARASOTA, FL 34240		
			City/State and Zip Code	
		MELODYW213@GMAIL.		
For further in	iformation ed	tr-mail address: () oncerning this matter, please c	to be used for future annual reportable:	(notification)
MELODY V		,,,,,,,	617 595-698	24
			at ()	
	Name of	Person	Area Code Di	sytume Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	iling Address		Street Addres	
	gistration S dision of C	ection orporations	Registration Division of	
). Box 632	•		•
Tal	lahassee, F	FL 32314	2415 N. Mc	onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FOREFRONT TRANSACTION MANAGEMENT, LLC

(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 Liability Company	were filed on MAY I	8, 2021	and assigned
Florida document number L21000231309			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
FOREFRONT REALTY, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	ation "LLC" or the abbi	reviation "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)	•	<u>.</u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds. <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			···
	Enter Florida si	treet address	
		Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>		

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
			□Add
			Remove
			□Change
			□Add
		,	□ Remove
			□Change
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