## 121000250776

(Re	equestor's Name)	
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	MAIL	
(Ви	usiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration So Division of Cor				
	Company Name			
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspo	ondence concerning this matter	r to the following:		
	Pamela Koski			
	<del>-</del>	Name of Person		
	Pushing Up Daisies			
	· · ·	Firm/Company		
	3016 Bay Laurel Circle So	outh	S	202
	<del></del>	Address		
	Kissimmee, FL 34744		AHA	2021 JUL 23
	<del></del>	City/State and Zip Code	RY OF STATI	PH 2
	pamela516morgan@gmail.		<u></u>	<b>□</b>
For further information co	E-mail address: ( oncerning this matter, please c	(to be used for future annual report not call:	ification)	PM 2: 07
Pamela Koski		321 821-8115 at ( )		
Name of	f Person		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)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & opy
Mailing Address Registration S	Section	<u>Street Address:</u> Registration Se	ction	
Division of Co		Division of Cor	porations	
P.O. Box 632' Tallahassee, F		The Centre of T 2415 N. Monro	fallahassee e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pushing Up Daisies
(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 $\frac{05/28/2021}{}$ and assigned Florida document number $\frac{L21000250776}{}$ .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Forensics Twelve 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 ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Porida street address
Florida
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.

12.200250 771

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			☐Remove
			□ Change
			□Add
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Filing Fee: \$25.00