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PALISION OF COMPORATIONS

T. MATTHEWS JUN - 3 2022

COVER LETTER

FANTASTI	K FORE LLC				
	Name of Lin	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
	LEON ABRAHAMS				
		Name of Person			
	FANTASTIK FORE LLC				
	Firm/Company 208 E Baldwin Rd Apt J				
		Address			
	Panama City, FL 32405				
		City/State and Zip Code			
	Admin@fantastikforc.net				
	E-mail address: (to be used for future annual report noti	fication)		
For further information co	ncerning this matter, please co	all:			
Leon Abrahams		850 7756612 at ()			
Name of	Person		e Telephone Number		
Enclosed is a check for the	e following amount:				
■ \$25.00 Filing Fce	☐ \$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)		
Mailing Address	<u>.</u>	Street Address:			

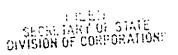
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FANTASTIK FORE LLC

22 APR 21 PM 4 05

(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 2/2/2022 and assigned Florida document number <u>L21000282093</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 8317 Frtont Beach Rd Enter new principal offices address, if applicable: STE J (Principal office address MUST BE A STREET ADDRESS) Panama City Beach, FL 32408 208 E Baldwin St Enter new mailing address, if applicable: APT J (Mailing address MAY BE A POST OFFICE BOX) Panama City, FL 32405 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:

New Registered Agent's Signature, if changing Registered Agent:

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	<u>Address</u>	Type of Action
MGR	Burke, Javane	7120 Patronis Dr	
		1704	≣Remove
		Panama City, FL 32408	Change
			□Add
			□Remove
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			□Remove
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ctive	date, if other than the date of filing:	(optional)
effecti	ive date is listed, the date must be specific and canno	ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 he applicable statutory filing requirements, this date will not be listed as
ument	t's effective date on the Department of State's	s records.
ord sp filed.		ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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	Signature of a membe	er or authorized representative of a member