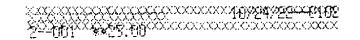
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## **COVER LETTER**

	gistration Se vision of Cor		•		
SUBJECT:		modeling LLC			
SUBJECT		Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		Jonathan Keene			
			Name of Person		
			Firm/Company		ر د سا
		340 Tamiami Trial North,	±115	· 	13 13
			Address	23 S.	10
		Naples Fl 34102	City/State and Zip Code	    	24 PH 12: 18
		wcg@wcgarrahan.com			: 18
For further	information c	E-mail address: ( oncerning this matter, please o	to be used for future annual report noti all:	fication)	
William C		,	617 733-3567		
	Name o	f Petson	at () Area Code Daytim	e Telephone Number	_
Enclosed is	a check for th	ne following amount:			
<b>■</b> \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of S Certified Copy tadditional copy is	Status &
	ailing Addres		Street Address: Registration Se	ction	
		orporations	Division of Con		
	O. Box 632		The Centre of		
Ta	allahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pelican Remodeling LLC						
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)			
The Articles of Organization for this Limited I Florida document number 1.21000319086		ny were filed on July	13, 2021	ii	nd assi	gned
his amendment is submitted to amend the fol	lowing:					
a. If amending name, enter the new name	of the limited lia	ability company her	<u>re</u> :			
Forthstar Auto Brokers, LLC						
he new name must be distinguishable and contain the	words "Limited Lia	bility Company," the des	signation "LLC" or t	he abbreviat	ion "L.I	C.``
Inter new principal offices address, if appli	cable:	N/A				
Principal office address MUST BE A STRE	ET ADDRESS)					
	· •				(3)	
nter new mailing address, if applicable:					۰. ۲ <u>۵</u>	**
Mailing address MAY BE A POST OFFICE	EBOX)			25 (A) (1)	<del>-</del>	
				en en En en	=======================================	
					-1 <del>::</del> -	
. If amending the registered agent and/or		e address on our rec	cords, <u>enter the</u>	name চিণি।	he new	register
gent and/or the new registered office addr	ess nere:					
Name of New Registered Agent:	N/A					
New Registered Office Address:		Futor Elavia	la street address			
		1,400 1 (0)16	ea aireer aaaress			
		City	, Florid		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 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□ Add
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fective date, if other than th	e date of filing:		(optional)	
an effective date is listed, the date mu ote: If the date inserted in this b	st be specific and cannot be prior lock does not meet the applic	to date of filing or more that able statutory filing requ	n 90 days after filing.) Pu irements, this date wil	rsuant to 605,02 I not be listed
ocument's effective date on the I				
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October 10	2022			
October 19 ited		<u></u> .		

Filing Fee: \$25.00

Typed or printed name of signee