## 121000397816





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10/12/21--01038--012 ++30.00

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FORYS PROQUES AWD MURE  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAUNIN WENDER FORD
FORDS PRODUCE AND WORE
1613 NZ 179 TUST Address
HAWTHORNE FL 32640 City/State and Zip Code
PEACITY State and Expected  E-ntail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WARVIE WEWDELL FORD at 353 360-1994  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
525.00 Filing Fee  \$\frac{\pi}{\text{Certificate of Status}}\$ \$\square\$ \$\frac{\square}{\text{S55.00 Filing Fee}}\$ & \$\square\$ \$\frac{\square}{\text{S60.00 Filing Fee}}\$ & \$\square\$ \$\frac{\text{Certified Copy}}{\text{(additional copy is enclosed)}}\$ & \$\frac{\square}{\text{Certified Copy}}\$ & \$\text{Certified Copy}\$ & \$\text{Certified Copy}\$ & \$\text{Certified Copy}\$ & \$\text{(additional copy is enclosed)}\$

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

Street Address: 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

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FORDS PROJUCE (Name of the Limited Liability Compa (A Florida Limited)	AND 1991	OPE our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000397916</u> .	were filed on $9/$	22/2/ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MARVIN 1613 N HAWTHO	E 179+45T EL 179+45T DENE, FL 32640
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida	street address
		, Florida
	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 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 Address 21 007 12 PH 12: 04 MARUIN WENTHEFORD 1613NE179THST PAdd

HAWTHORNE, TL-324R Remove \_\_\_\_\_ Remove \_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_ Change

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tive date, if other than the date of fili	ing: (optional)
flective date is listed, the date must be specific a	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 or meet the applicable statutory filing requirements, this date will not be listed
ment's effective date on the Department of	
ord specifies a delayed effective date, but n	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
filed.	
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for lo	<u>XVX</u>
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1 111/10/ 15/2	1.61./
Signature of	a member or authorized representative of a member
* '	Typed or printed name of signee

Filing Fee: \$25.00