

L21000419681

Yul

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2024 MAR 29 PM 3:26

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foresite Capital Partners, LLC

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:

Wesley Koontz

Name of Person

Foresite Capital Partners, LLC

Firm/Company

1350 Bald Eagle Drive

Address

Naples, FL 34105

City/State and Zip Code

wk@fcpann.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wesley Koontz

773 710-4423
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I wanted to comment that I formed Foretell Capital Partners, LLC thinking that I had to do a new entity rather than realizing I could do a name change. If possible, it would be much better for me to do the name change. I can then continue to use my existing EIN number, bank accounts and it will make my brokerage company change more seamless.

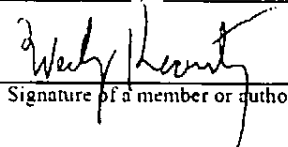
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 14, 2024



Signature of a member or authorized representative of a member

Wesley Koontz

Typed or printed name of signee

Filing Fee: \$25.00

Florida General Affidavit

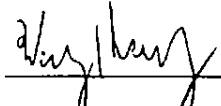
STATE OF FLORIDA

COUNTY OF Collier

I, the undersigned, being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

1. I am over the age of 18 and am a resident of the state of Florida. I have personal knowledge of the facts in this affidavit, and, if called as a witness, could testify competently about them.
2. I am currently living at: 1350 Bald Eagle Drive, Naples, Florida 34105.
3. I am writing this letter in response to the Florida Department of State's letter on dated 2/8/2024, regarding Foresite Capital Partners, LLC (Ref. #:L21000419681).
4. This letter is to confirm that I have now dissolved Foretell Capital Partners, LLC (Ref # L23000560108) and wish to release this name so that it can be used in the name change for Foresite Capital Partners, LLC..
5. I would like the new name of my company to be Foretell Capital Partners, LLC and continue to use the Ref # L21000419681.

Executed this 20th day of March, 2024 in Naples, FL.



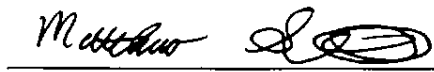
Wesley C. Koontz

CERTIFICATE OF ACKNOWLEDGMENT

STATE OF FLORIDA

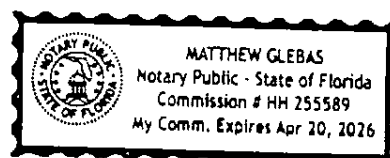
COUNTY OF Collier

The foregoing instrument was acknowledged before me this March 20, 2024, by Wesley Koontz
Physical Presence



NOTARY PUBLIC OR DEPUTY CLERK

Print, type, or stamp commissioned name of notary or clerk



☐ Personally known

☒ Produced Identification

Type of Identification Produced FL Drivers License
K 532-883-76-443-0