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10/26/21--01017-018 PX 2: 19

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: FOREVER T LLC Name of Limited Liab	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fo	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
Meredith Jackson Name of Pérson	-
Firm/Company	_
352 Colonade Ct	_
KISSIMME T1. 3475 City/State and Zip/Code	8
E-mail address: (to be used for future annual report notific	nail. (om
For further information concerning this matter, please call:	
Meredith Jackson at (32)	Area Code & Daytime Telephone Number
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
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE

Forever 27 (Name of the Limited Liability Company	2021 OCT 26 PH 2: 49  SECRETARY OF STATE  OVER 15 THE STATE OF STA
The Articles of Organization for this Limited Liability Company  Florida document number 2/0(0) 4359	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	35.2 Colonade Ct RISSIMMER, F1. 34758
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	352 Colonade Ct. Kissimmee, Fl. 34758
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:  New Registered Office Address:  K1551	Enter Florida street address  City  Florida  TackSon  Anade Ct.  Enter Florida street address  Tip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply with the

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.

I 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>		Address	Type of Action
				🗀 Add
				□Remove
				□Change
			A	□Add
				□Remove
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				□Change
	<u> </u>			□Add
				□Remove
				□Change

ii ainenu	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
(If an effecti Note: If	date, if other than the date of filing:
he record s ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10/6 .2021
	Signature of a prember or muthorized representative of a member
	Mered the Cacleson Typed or printed name of signee