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TALLAHA SEE PRATION

A. BUTLER
JUL 28 2022



COVER LETTER

TO: Registration Section Division of Corporations	001.4
SUBJECT: FOREST AND Name	D SURF SUPPLY (0) 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:
Nic Ho	ILAS IN NELSON
FORE	Name of Person SURF SUPPLY (0) Firm/Company
_ 275	34 FRANCES WAY
TALLAHA FORE	Gity/State and Zip Code STAND SURFSUPPLY (O GMAIL (GM address: (to be used for future annual report notification)
For further information concerning this matter, p	
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fe Certificate of \$	

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

FII ED

FOREST AND SURF SUPPLEMENT COMMENT, LLC
(Name of the Limited Liability Company as it now appears on our records.) 28 PH 1: 46
The Articles of Organization for this Limited Liability Company were filed on 04 14 1023 F 5 74 hit assigned Florida document number 22000 10 1077.
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."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
Training damess 1974 1 001 01 11 CD DOLY
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:
Enter Florida street address

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 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

Type of Action Address Title Name NICHOLAS W NELSON 22534 FRANCES WAY TALLAHASSEE FL 32310 Remove _____ □Change ______ Remove ______ Change □ Change _____ □Remove ______ □ Change _____ □ Remove _____ □Change

(If an effecti Note: If	edate, if other than the date of filing: (optional) ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
	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
cord is filed.	
Dated	Nicholay W Mellow Signature of a member or authorized representative of a member