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COVER LETTER

TO:	Registration Section Division of Corporations	ا مور _{ا می}	* * "	•
SUBJ	BJECT: # FCWard First Com	nsulting	LLC	ap-
The er	enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please	ase return all correspondence concerning this matter to the following:	Firm/Company 175 Mandina Way Address Crawfordville FL 32327 City/State and Zip Code Q. daykins 77@ yahoo. Cam E-mail address: (to be used for future Annual report notification) rmation concerning this matter. please call:		
			,51,	
	Firm/Com	oany		
	175 Nandin	a Klay		
	Crawfordville City/State and 2	FL 32	327	
	E-mail address: (to be used for futu	_ Valvoo - Co	ication)	
For fu	further information concerning this matter, please call:	mendment and fee(s) are submitted for filing. lence concerning this matter to the following: And an in Dawkins, St. Name of Person Firm/Company 175 Name of Person Firm/Company Crawfordville FL 3 23 27 City/State and Zip Code City/State a		
_	Antonio Dawkins Sr at (35) Name of Person Area C	(code) 590 - (O3O5 Telephone Number	
Enclos	losed is a check for the following amount:			
X 52	Certificate of Status Certified	Сору	Certificat Certified	te of Status & Copy

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

FILED

Famard Fi	2022 JUN 20 PM 12: 08	
(Name of the Limited Liabili (A Florid	lity Company as it now appears on our cetdride) IARY OF 5 to la Limited Liability Company) TALL AHASSEE, Flating	
The Articles of Organization for this Limited Liability C	- · · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim Forward First Consulting The new name must be distinguishable and contain the words "Lim	nited liability company here: Aited Liability Company." the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new regi	stered
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	y	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	□ Add
			□Remove
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(If an effect Note: If	e date, if other than the date of filing:
	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
ora is mea	
Dated	June 20th 2023.
ord is filed Dated) A-in /-
	Signature of a member of attherized representative of a member