## Florida Department of State

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(((H23000017032 3)))



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Email Address: kathy@apiprocessing.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FORREST & SON CONTRACTING LLC

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FORREST &	SON CONTRACTING LLC	C	
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appear la Limited Liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability Florida document number		JANUARY 1, 2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	nited liability company he	e <u>re</u> :	
The new name must be distinguishable and contain the words "Li	nited Liability Company," the d	lesignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	,,	
	<del>-11+</del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-		
B. If amending the registered agent and/or register- agent and/or the new registered office address here:  Name of New Registered Agent:		records, enter the nam	e of the new registers
New Registered Office Address:	Enter Flo	rida street address	<del></del>
		, Florida	99
	City		Zip Codic
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register company has been notified in writing of this change	t and agree to act in this complete performance of agent as provided for in G red office address, I here	<sup>e</sup> my duties, and I am f Chapter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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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
AMBR	PETER FORREST	:3317 SOUTH HIGLEY ROAD SUITE 114-131	<b>\</b> Add
		GILBERT, AZ 85297	□Remove
			□Change
	<u> Contratorio de la contratorio della contratori</u>		🗆 Add
			□Remove
			[]Change
			DAdd
			DRemove
			□Change
			🗆 🗆 Add
			□Remove
			□Add
			□Remove
			[]Change
			🗆 Add
			□Remove
		☐ Change	

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:  (optional)  retive 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the record	
Dated	11-13-23 1945-t
	91-1-1
	Signature of a member or authorized representative of a member
	HENRY FORREST

Typed or printed name of signee

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