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OREST VIEW,	, LLC		
Please Debit FCA	A000000003 For	·: 25	
Thank you Seth N	Veeley		
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			·
			L.C. File
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COVER LETTER

TO:

Registration Section

Division of Cor	porations				
Forest View	v, LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ondence concerning this matter t	to the following:			
	Justin Zeig				
		Name of Person			
	Zeig Law Firm, PLLC				
		Firm/Company	******		
	3475 Sheridan St Suite 310	1			
		Address	· .	70	
	Hollywood, FL 33021			2023 DEC	
		City/State and Zip Code		C - 1	4 m 1 ee 1 4 m 2 m 2 1
	justin@zeiglawfirm.com	to be used for future annual report notifi	cation)	_	1 660
For further information	concerning this matter, please co		cunon,	1 5 TH	کدور به کدور به
	•	754 217-3084			
Justin Zeig	of Person	at ()	Telephone Number	 	
Name	5: 1 C(30)1	. 401 (540	, 		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
	Section Corporations	Street Address: Registration Sec Division of Corp	oorations		
P.O. Box 63 Tallahassee,		The Centre of To 2415 N. Monroe		310	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Forest View, LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on c Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number LZZDOO H89H9H	y were filed on	7/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2 2
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida stre	et address
	City	, Florida Zip Code
iew Registered Agent's Signature, if changing Registered Agent:	c.ņ.	лр Сойе
hereby accept the appointment as registered agent and agreer or ovisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as precising filed to merely reflect a change in the registered office of ompany has been notified in writing of this change.	performance of my du rovided for in Chapte	ties, and I am familiar with and

If 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>	Name	Address	Type of Action
MGR	Eyal Mehaber	1720 Harrison St	□Add
		Suite 17A	= Remove
		Hollywood, FL 33020	□ Change
MGR	Forest View I, LLC	1720 Harrison St	= Add
		Suite 17A	□Remove
		Hollywood, FL 33020	□Change
		(GRemove Change
			□Remove
			Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and canno Note: If the date inserted in this block does not meet th ocument's effective date on the Department of State's	ie addicadie si	of filing or more that atutory filing rec	(option nan 90 days after fil juirements, this d	in a Mariana	t 10 605.020 be listed a
e record specifies a delayed effective date, The 90th day after the record is filed.	but not an e	effective time	, at 12:01 a.r	n. on the	earlier c
ated December 1 202	À.				
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Signature of a member	or authorized r	epresentative of a r	nember		_

Page 3 of 3

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