L2200055075

(Re	questor's Name)
(Ad	idress)	
—————————(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	ocument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		J. HORNE JUN - 6 2023

Office Use Only



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2023 JUN -5 PM 2: 18

2 RECEIVED

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

ROLLING FORGED LLC		
Please Debit I20000000257 For: 2	!5	
Thank you Seth Neeley		
1-4-1		
		Art of Inc. File
	-	LTD Partnership File
	-	Foreign Corp. File
	_	L.C. File
	-	Fictitious Name File
	_	Trade/Service Mark
	_	Merger File
	_	Art, of Amend, File
	_	RA Resignation
	_	Dissolution / Withdrawal
		Annual Report / Reinstatement
	_	Сеп. Сору
	_	Photo Copy
		Certificate of Good Standing
		Certificate of Status
	_	Certificate of Fictitious Name
	_	Corp Record Search
,	_	Officer Search
	_	Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: SETH 06/05/23		UCC 1 or 3 File
	· _	UCC 11 Search
Name Date	Time	UCC 11 Retrieval
Walk-In Will Pick U	p	Courier

COVER LETTER

Division of Co	rporations			
ROLLING SUBJECT:	FORGED LLC			
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspo	ondence concerning this matter	r to the following:		
	JOSEPH MASSEY			
		Name of Person		
		Firm/Company		
	106 SE RIO CASARANO			
		Address		
	PORT ST LUCIE, FL 34984			
		City/State and Zip Code	-	
	E-mail address: (to be used for future annual report notifi	cation)	
For further information co	oncerning this matter, please c	all:		
MICHELE RODRIQUEZ 772 460-6786				
Name of Person Area Code Daytime Telephone Number			Telephone Number	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Capy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

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



ROLLING FORGED LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization	ny were filed on 01/01/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility 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)		
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	v
		orida
	City	Zip Code

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 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
MGR	HEATHER MASSEY	106 SE RIO CASARANO	= Add
		PORT ST LUCIE, FL 34984	□ Remove
			□Change
			DAdd
			□Remove
			□Change
			
	•		□Remove
			Change
		.	bAdd
			□Remove
			Change
<u>. </u>			□Add
		-	□Remove
			□Change
			□ Remove

Page 2 of 3

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ffectiv an cilox	to date, if other than the date of filing: Alive 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 605.020 If the date inserted in this block does not meet the nonlikely attention.
<u>-:-:</u>	f the date inserted in this block-does not meet the applicable statutory filing requirements, this date will not be listed and's effective date on the Department of State's records.
	A VALLET TO BE OF THE SEPARATION OF SIZE STOCKING.
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The 9	Oth day after the record is filed,
uted	6-5-23
	W W
	Signature of a member or authorized representative of a member

Page 3 of 3

COVER LETTER

TO: Registration S Division of Co			
	FORGED LLC		
Sobject.	Name of Lin	nited Liability Company	
T)			
	f Amendment and fee(s) are su	-	
Please return all corresp	ondence concerning this matter	r to the following:	
	JOSEPH MASSEY		
		Nume of Person	
		Firm/Company	 .
	106 SE RIO CASARANO		
		Address	
	PORT ST LUCIE, FL 349	984	
		City/State and Zip Code	
	E-mail address:	to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	all:	
MICHELE RODRIGUEZ		772 460-6786	
Name o	of Person	Area Code Daytime	Telephane Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sect	ion
Division of C	orporations	Division of Come	

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303