L22000536619

(Requestor's Name)		
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COVER LETTER

Division of Corporations
SUBJECT: De Forest Construction LLC Name 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:
Carter DeForest Simmons Name of Person
DeForest Construction LLC Firm/Company
198 Annapolis Ln
Rotonda West, FL 33947 City/State and Zip Code
Carter @ DeForest Builds. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carter Simmons at (727) 370-1886 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

Mailing Address:

Registration Section

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

(Name of the Limited Liability Compa (A Florida Limited)	any acit now appears on our records)				
(A Florida Limited)	Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on $\frac{12/27/2022}{2022}$ and assigned Florida document number $\frac{L22000536619}{2022}$.					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	pility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.I.C" or the abbreviation "L.I.C."				
Enter new principal offices address, if applicable:	198 Annapolis In.				
(Principal office address MUST BE A STREET ADDRESS)	Rotonda West. FL 33947				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	860i Placida Rd unit 3512 Placida FL 33946				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	; -				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	Florida Zip Code				
	Cuy 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
AMBR	Joshua Bernier	12048 Saragossa Ln	
		North Port, FL 34287	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	.		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

_	Carter	Simmons	90%
-	Joshsa	Bernier	90% 10%
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(If an ef Note:	fective date is list If the date inse	her than the date of ed, the date must be spec erted in this block does date on the Departme	cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) was not meet the applicable statutory filing requirements, this date will not be listed as the
the recor		elayed effective date, b	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10/31/20	24	··
		111 -2////	re of a member or authorized representative of a member
	1/001	rter Simm	re of a member or authorized representative of a member