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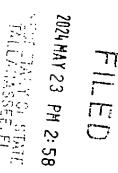
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

TO: Registration Division of C						
Forged F	Fire Protection LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.				
Please return all corres	spondence concerning this matter	to the following:				
	Timothy Gray					
		Name of Person				
	Forged Fire Protection LL	<i>(</i> ·				
		Firm/Company				
	3921 Fors	yth Rd.				
For further information	Admin & Force E-mail address (K FL 32798 City/State and Zip Code L Fice Protect. com to be used for future annual report not all:	ification)			
Timothy Gray		407 745-9561				
Name	e of Person	at ()	ne Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addr Registration		Street Address;	zation			
Registration Section Division of Corporations		-	Registration Section Division of Corporations			
P.O. Box 63	327	The Centre of T				
Tallahassee	. FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Forged Fire Protection 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 Company were filed on May Florida document number $\frac{1.23000051202}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Timothy Gray Name of New Registered Agent: New Registered Office Address: 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>	<u>Address</u>	Type of Action
MGR	Bryce Batlett	2823 Ponkan Meadow Dr	□Add
		Apopka FL 32712	≣Remove
			□Change
MGR	Timothy Gray	3921 Forsyth RL. Winter Park, FL 32792	= Add
		Winter Park, FL 32792	
			□Change
4.			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove

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reffective date is te: If the date	other than the listed, the date minserted in this live date on the	ust be specific block does no	and cannot be p of meet the ap	orior to date of til plicable statute	ing or more than	90 days after fil	ing.) Pursuant to	605.026 listed (
s filed,	i delayed effect							ifter th
ed May	19th		203	14.				
	12 1	$\langle \cdot \rangle$						
		Signature of	l'a member or a	uthorized repres	entative of a mo	uber		