L23000081386

(Re	questor's Name)	
(Add	dress)	
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(Adi	aress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) d Copies Certificates of Status al Instructions to Filing Officer:	
(Bu:	siness Entity Name	9)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	-	
Special Instructions to I	Filing Officer:	

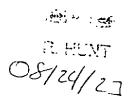
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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

Street Address:

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

IU ARTICLES OF ORGANIZATION OF

	DR. FORAGE	LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears of liability Company)	n our records.)		
The Articles of Organization for this Limited L L.23000081386	Liability Company	were filed on Februa	ary 14, 2023	_ and assign	ed
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:	:		
ANNA HORBATA LLC					
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the desig	nation "LLC" or the abbre	viation "L.L.C	
Enter new principal offices address, if applicable:		9036 CYPRESS DE	RIVE N, FORT MYERS	FL 33962	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)				Å	<u> </u>
				G 2	母並:
Enter new mailing address, if applicable:		9036 CYPRESS DE	RIVE N, FORT MYERS	F FL 3396725	1, 20 dN00
Mailing address MAY BE A POST OFFICE BOX)				_	<u> </u>
3. If amending the registered agent and/or agent and/or the new registered office addre		ddress on our reco	rds, <u>enter the name (</u>	of the new ro	egistere
Name of New Registered Agent:	ANNA HORBATA				
New Registered Office Address:	9036 CYPRESS	S DRIVE N			
		Enter Florida			
	FORT MYERS		, Florida	7	
		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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BRENDAN GERRAIN	209 COURTNEY LAKES CIRCLE WEST PALM BEACH, FL. 33401	
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ote: If the date ins	ther than the date of fil sted, the date must be specific serted in this block does no e date on the Department of	ot meet the applicab	date of filing or more de statutory filing r	(options than 90 days after fili equirements, this da	al) ng.) Pursuant to 605. ate will not be liste	.020 e d a
record specifies a c	lelayed effective date, but	not an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	r the
		2023				
ated	AUGUST 21		- *			
ated		f a member or authori	v v			