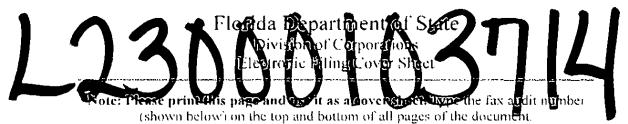
2/7/24, 16:41

Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : I20230000190

: (844)449-3674

Fax Number

: (512)597-0678

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Enter the email address for this business entity to be used for future cluannual report mailings. Enter only one email address please.

**Constant Address:

**Constant Address:

변화 음을 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FORGING FORWARD LLC

| Certificate of Status | U |
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| Certified Copy | 0 |
| Page Count | U5 |
| Estimated Charge | \$25,00 |

M. SOLOMON

JUL - 3 2024

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

| TO: Registration Sec Division of Corp | | | | |
|--|--|---|---|--|
| Forging For | ward LLC | | | |
| SUBJECT: | Name of Lini | ed Limbility Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | | |
| Please return all correspon | ndence concerning this matter t | o the following: | | |
| | Jonathan Taboada | | | |
| | | Name of Person | | |
| | ZenBusiness INC | | | |
| | | Firm/Company | | 55 |
| | 336 E. College Ave Suite 3 | 01 | | 924. |
| | | Address | | 2024 JUL -3 SECRETARY SALLAHASS |
| | Tallahassee, FL 32301 | | | 4 JUL -3 PI ECRETARY OF LLAHASSEE. |
| | | City/State and Zip Code | | C.F. |
| | fulfillment@zenbusiness.co | | | PM 12: 38 OF STATE C.FLORID |
| | | o be used for future annual repor | १ स्टान (स्त्र(क्या) | 38 TE |
| For further information of | oncerning this matter, please of | 1 {}: | | |
| c/o ZenBusiness INC | | 844 493-62- ar () | | |
| Name of | il Person | Aren Clode D | aytime Telephone Number | |
| finelosed is a check for t | he following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is coclosed | \$60.00 Filing F Certificate of S Certified Copy (additional copy i | Status & C |
| MailingAddres Registration Division of C | Section Corporations | | n Section Corporations | |
| P.O. Box 633 | | | of Tallahassee onroe Street, Suite 810 | |

Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

To: Page: 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Linbility Comm | | |
|---|--|--------------------------------------|
| (A Florida Limited | tny as it now appears on our Liability Company) | records.) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000103714</u> | were filed on 07/02/2024 | 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 | llity 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) | | 25.00 |
| | - Company of the Comp | |
| | | ASS |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 77.77 ORT |
| 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: | .= | |
| | r* . r2 +1 | |
| New Registered Office Address: | | GGGF655 |
| New Registered Office Address: | Enter Florida street | |
| New Registered Office Address: | | , Florida |
| New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: | Cuy | Florida |

MGR = Manager AMBR ≈ Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------|---------------------|---|
| AMBR | Michael Hammond | 20890 se 156th st | ■Add |
| | | Linatilla, FL 32784 | ☐ Remove |
| | | US | □Change |
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| | | | 2024 JUL -3 PH I2: 38 EECRETARY OF STAE CHILLARY SSEEF FLORED |
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| D. If amend | ling any other information, enter change(s) here: (Attach additional sheets, if necessary) | | | |
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| Sote: If t | date, if other than the date of filing: | suant to 605.0, not be listed | 207 (3)(b) Las the |) |
| If the record spreed is filed | pecifies a delayed effective date, but not an effective time, at 42:01 a m. on the earlier of: (b). The 9th | th day after t | he | |
| 07. Dated | /02 2024 | | | |
| | /s/Leif Thompson | | | |
| | Signature of a member or authorized representative of a member | | | |
| | Leir Thompson, Member | | | |
| | Typed or printed name of signee | | | |

Filing Fee: \$25.00