23000280046

(Requestor's Name) (Address)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	05/19/230100
(Document Number)	
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COVER LETTER

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Tallahassee, FL 32314

TO: Registration So Division of Col			
SUBJECT:	Forever	Labelity Company)	C
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspondence	ondence concerning this matter t	o the following:	
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (to	be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	11:	
		at ()	e Telephone Number
Name c	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee &	S55.00 Filing Fee &	S60.00 Filing Fee,
3 11	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration		Registration Sec	
Division of C P.O. Box 633		Division of Cor The Centre of T	

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 I	any as il now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000,230046</u>	were filed on May 9, 2023 and assign	ned
This amendment is submitted to amend the following:		
in the new mailing address, if applicable: Principal office address, if applicable: Inter new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered.		
The new name must be distinguishable and contain the words "Limited Liabil	- · ·	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	LICKSONVITH , FC 33009	•
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	9	<u> </u>
3. If amending the registered agent and/or registered office and and/or the new registered office address here:	address on our records, enter the name of the new ro	egistered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		
Non-Designational Assessin Company of the section Designation of Assessin		

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	Andre Drinks	A632 Ken Knight Dr N JACKSONVIIK, FL 33209	DAdd
		JACKSONVIIK, FL 32209	□Remove
		□Change	
AMBR Andre Drinks	"Scime as above	., \ Z∕Add	
	·	□Remove	
		□Change	
			□Add
		□Remove	
			□Add
		□Remove	
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			□Change
		□Add	
		· · · · · · · · · · · · · · · · · · ·	
			□ Change

/. II willen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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_	
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Note: 11	e date, if other than the date of filing:
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated _	Signature of a member or authorized representative of a member
	Typed or printed name of signee

• • • •

Filing Fee: \$25.00