

L23 000 302080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

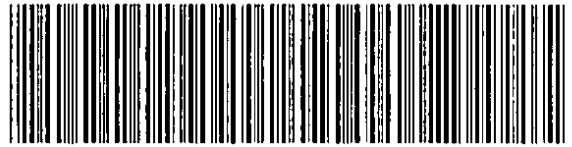
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600412944596

07/27/23--01018--001 **25.00

PAID
JUL 27 PM 11:57
STATE
TALLAHASSEE, FL

RECEIVED
R. HUNT
07/27/23



WILCHINS COSENTINO & NOVINE

Exceptional Service. Exceptional Value.

July 26, 2023

Via FedEx

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

Re: Filing of Articles of Amendment

Dear Sir or Madam:

Enclosed please find Articles of Amendment to Articles of Organization of Forbes Enterprises Florida LLC, a check in the amount of \$25.00 for the filing fee and a return envelope for your use in sending us a letter or acknowledgement of the change.

Please contact us if you have any questions concerning this matter.

Sincerely,

Jennifer K. Gilchrist
Paralegal

Enclosures

27 PM 11:57
STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORBES ENTERPRISES FLORIDA 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:

SCOTT A JOSEPH ESQ

Name of Person

WILCHINS COSENTINO & NOVINS LLP

Firm/Company

20 WILLIAM STREET, STE. 130

Address

WELLESLEY, MA 02481

City/State and Zip Code

SJOSEPH@WCNLLP.COM

E-mail address: (to be used for future annual report notification)

2007. 07 27 PM 11:57
STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

SCOTT A JOSEPH ESQ

781 235-5500
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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**

FORBES ENTERPRISES FLORIDA 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 JUNE 23, 2023 and assigned
Florida document number L23000302080.

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 "L.L.C."

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)

7000
ST
STATE
PHIL: 57
FL

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

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

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>	<u>Type of Action</u>
MGR	VENETIA FORBES	1169 HILL CREEK LANE, GATES MILLS OH 44040	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023
JUL 27 PM 11:57
CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- NONE -

2023 JUL 27 PM 11:57
CLERK OF COURT
STATE OF FLORIDA
TALLAHASSEE, FL

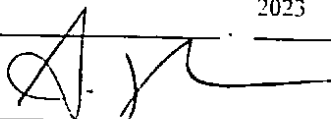
E. Effective date, if other than the date of filing: July 25, 2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 25th 2023



Signature of a member or authorized representative of a member

SCOTT A JOSEPH ESQ

AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fee: \$25.00