

L23000302080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

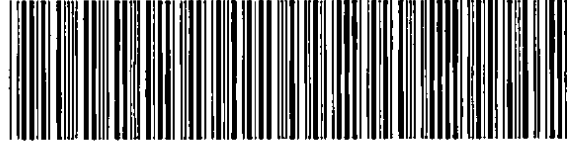
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 NOV 15 PM 1:47
CLERK OF SUPERIOR COURT
JANUARY 2024

Amend

DEC 15 2023

D CUSHING

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 STREETSTE. 130

Address

WELLESLEY, MA 02481

City/State and Zip Code

SJOSEPH@WCNLLP.COM

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

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:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

FILED
2023 NOV 15 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FL

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

Article III is hereby deleted in its entirety and replaced with the following:

Engage in the Florida legal business of providing alternative medicine consultation services, physician patient coaching and IV therapy, and to engage in any and all activities necessary or incidental thereto (the "Business").

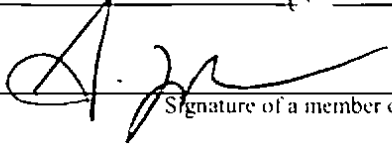
The Company shall have all the powers necessary or convenient to carry out the purposes for which it was formed, including the powers granted by Florida Revised Limited Liability Act.

E. Effective date, if other than the date of filing: _____ (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 November 14, 2023



Signature of a member or authorized representative of a member

SCOTT A JOSEPH ESQ

Typed or printed name of signee