L23000556141

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COVER LETTER

	on Section f Corporations		
SUBJECT:	Forum Bay LLC		
30bJr.C1.		mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are so	Name of Limited Liability Company endment and fee(s) are submitted for filing. mee concerning this matter to the following: Fabio Liverotti Name of Person Columbus Investment Group LLC FirmyCompany 7520 NW 104th Ave. Suite Al03 / 140 Address DORAL FL, 33178 City/State and Zip Code fabio.liverotti@gmail.com E-mail address: (to be used for future annual report notification) errning this matter, please call: at (
Please return all cor	rrespondence concerning this matte	er to the following:	
		Name of Person	
	Colum	nbus Investment Group LLC	
		Firm/Company	
	7520 NW		
		Address	
		DORAL FL, 33178	
	fab	oio,liverotti@gmail.com	
	E-mail address:	; (to be used for future annual report notification)	
For further informat	tion concerning this matter, please	call:	
Rosa Cie	nna	art 706) 825-4757	
	ame of Person		
Enclosed is a check	for the following amount:		
☑ \$25.00 Filing F		Certified Copy Certificate o (additional copy is enclosed) Certified Co	of Status & opy
<u>Mailing A</u> Registrat	ddress: .ion Section	Street Address: Registration Section	
Division	of Corporations	Division of Corporations	
P.O. Box Tallahass	: 6327 see, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

COVER LETTER

	Registration Se Division of Cor			
auniec		BAY LLC		
SUBJEC	.1; <u></u>	Name of Lim	ited Liability Company	
The enck	Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Fabio Liverotti			
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Fabio Liverotti		
			Name of Person	
		Forum Bay Investments	LLC	
		<u> </u>	Firm/Company	·
		7520 NW 104th Ave Su	ite A103/140	
			Address	
		Doral, FL 33178		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please c	all:	
Rosa C	iena			
	Name o	f Person		ne Telephone Number
Enclosed	is a check for t	he following amount:		
☑ \$ 25.6	00 Filing Fee		Certified Copy	Certificate of Status &
	Mailing Addres Registration		<u>Street Address:</u> Registration Se	ection
	Division of C	•	Division of Co	
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monre	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORUM BAY LLC				
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our recordiability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000556141</u> .	were filed on 12/18/2023		_ and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
FORUM BAY INVESTMENTS LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbre	viation "	L.L.C."
Enter new principal offices address, if applicable:	3105 NW 107 Ave Suite 4	100	2	
(Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33172	ALE 350	2024	
			<u></u>	
			1	Series Marie
Enter new mailing address, if applicable:	7520 NW 104th Ave Suite	A103/140[.	- T	166
(Mailing address MAY BE A POST OFFICE BOX)	Doral, FL 33178		<u>ு.</u>	The state of the s
Training warrens that say, it could be a say		U) ² - 11.	<u>ন</u>	
		/>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name o	of the n	ew register
Name of New Registered Agent:	-	<u>.</u>		
New Registered Office Address:				
	Enter Florida street address			
		lorida		
	City		Zip Cod	ď

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 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
			□Add
			□Remove
			□Change
			□Add
			Remove
		<u> </u>	□Change
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			sees <u>.</u>	
				
ffective date, if other than the data effective date is listed, the date must lote: If the date inserted in this blococument's effective date on the Department.	be specific and cannot be prior ck does not meet the applic	able statutory filing rec	(optional) han 90 days after filing.) Pur quirements, this date will	rsuant to 605.0207 I not be listed as
record specifies a delayed effective I is filed.	date, but not an effective t	ime, at 12:01 a.m. on th	ne earlier of: (b) The 90	Ith day after the
December 27	2023	<u> </u>		
December 27	, 2023	<u> </u>		
ated(2023	orized representative of a	member	

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