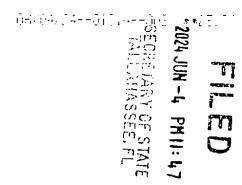
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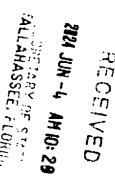
(Requestor's Name)
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(City/State/Zip/Phone #)
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7	XX	FILING	LLC AMEND	
1.	-	HOLOFORGE, LLC (CORPORATE NAME AND DOCUME	ENT#)	
2.	-	(CORPORATE NAME AND DOCUM	ENT #)	
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6.				
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SPEC	IAL	. INSTRUCTIONS:		
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COVER LETTER

TO: Registration of Division of	on Section f Corporations		
	OFORGE, LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all con	respondence concerning this matte	r to the following:	
	ROBERT SALTSMAN		
		Name of Person	
	ROBERT P. SALTSMA	N, P.A.	
	-	Firm/Company	
	PO BOX 2146		
		Address	
	WINTER PARK, FL 327	90	
	JUDY@SALTSMANPA.	City/State and Zip Code	
		(to be used for future annual report a	otification)
For further informat	ion concerning this matter, please	call:	
ROBERT P. SALTSMAN		407 647-2899	
Na	ame of Person	at () Area Code Dayt	time Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ce \$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)
Division	ion Section of Corporations	Street Address: Registration S Division of C	Section orporations
P.O. Box	6327	The Centre of	t lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOLOFORGE, LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our r Liability Company)	ecurds.)		
The Articles of Organization for this Limited Liability Company	y were filed on 3/4/2024	and assigned		
Florida document number 24000105226				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	oility company here:			
LITEFORGE, LLC				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		2021		
Principal office address MUST BE A STREET ADDRESS)	<u></u>			
		10-1		
		m s and		
Enter new mailing address, if applicable:		<u> </u>		
Mailing address MAY BE A POST OFFICE BOX)		- 7 5		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, e	nter the name of the new registe		
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 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 Type of Action **Address** <u>Title</u> Name __ 🗆 Add _____ Change \square Add ____ 🗆 🗀 Add _____ Change

_____ Change

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ective date, if other than the effective date is listed, the date in	ne date of filing:	ot be prior to date of	filing or more than 90	(optional)	Suppl to 605 020
te: If the date inserted in this current's effective date on the	block does not meet ti	he applicable stat	utory filing requirem	ents, this date will	not be listed as
sament a circuit date of the	Department of State s	records.			
ecord specifies a delayed effect	ive date, but not an ef	fective time, at 12	2:01 a.m. on the earli	ier of: (b) The 90	th day after the
is filed.				,	•
JUNE 3	202	24			
ted	······································	· ·			
	-	/	1		
	Signature of a mem	per or an authoriz	ed representative of a	member.	

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