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	Registration Se Division of Cor			
SUB IEC	Forrest Jon	es LLC		
SUBJEC	l;	Name of Lin	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please ret	um all correspo	indence concerning this matter	to the following:	
		Gustavo Ordonez		
			Name of Person	· · ·
		Ordonez Financial Service	rs ·	
			Firm/Company	
		1920 Sandpiper Dr		
			Address	
		Clearwater, FL 33764		
			City/State and Zip Code	
		info@goose-financial.com		
For furthe	er information o	e-mail sourcess: (to be used for future annual report noti all:	
Gustavo (Ordonez		727 222-3312	
	Name o	f Person	at ()	e Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address: Registration Se	ction
I	Division of C	Corporations	Division of Cor	rporations
	P.O. Box 632		The Centre of 7	
•	Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Forrest Jones LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L24000199091</u>	ere filed on April 29, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	v company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	rigion "L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		22 22
		ति । जो । स्थित जो न्यू
-		——————————————————————————————————————
Enter new mailing address, if applicable:		<u>일본</u>
(Mailing address MAY BE A POST OFFICE BOX)		□
THE POST OF THE POST OF THE POST		
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	iress on our records, <u>enter the name o</u>	the new registered
New Registered Office Address:	Enter Florida street address	
	. Florida	
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fam ovided for in Chapter 605, F.S. Or, if t	iliar with and his document is

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>	Name	Address	Type of Action
MGR	Riedy, Cameron	1617 Cicero Court	
		Chesapeake, VA 23322	□Remove
			□Change
			□Remove
			Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
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			□Add
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ffective date, if other than the da	te of filing:	· - · · · · · · · · · · · · · · · · · · ·	(optio	ıal)
an effective date is listed, the date must be ote: If the date inserted in this block	specific and cannot be pri-	or to date of filing or n	nore than 90 days after f	ling.) Pursuant to 605.020° date will not be listed as
ocument's effective date on the Depar	tment of State's record	ls.		
record specifies a delayed effective de is filed.	ae, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
is the.				
May 16	2024			
	<u></u>	11-		
	al s	111		
	nature of a member or aut	horized representative	e of a member	

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Filing Fee: \$25.00