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06/24/24

COVER LETTER

TO: Registration Division of C				
	FOREST LLC			
SUBJECT:	Name of Li	mited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	ibmitted for filing.		
Please return all corres	spondence concerning this matte	er to the following:		
	DANY ABRAHAM			
		Name of Person		
	KSDT & COMPANY			
		Firm/Company		
	1625 N COMMERCE PI	KWY SUITE 315		
		Address		· <u>·</u> .2
	WESTON, FL 33326		5-1- 5	
	DABRAHAM@KSDT-C	City/State and Zip Code PA.COM		1 2 2
	E-mail address:	to be used for future annual report noti	fication)	
For further information	n concerning this matter, please	cali:	الله الله الله الله الله الله الله الله	AH 10: 07
DANY ABRAHAM		305-670- 3370 at ()	L =	07
Name of Person Area Code Daytime Telephone Nu		e Telephone Number	_	
Enclosed is a check fo	r the following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status & py
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BINGS FOREST LLC

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on or mited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L24000259007</u>	pany were filed on 06/06/20	24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
Bing's Forest, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	**	
(Principal office address MUST BE A STREET ADDRES	SS)	
		150 750
Enter new mailing address, if applicable:		>7°
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records	s, enter the name of the new registe
Name of New Registered Agent:	_	
New Registered Office Address:		
-	Enter Florida stre	eet 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>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			🗆 Add
			☐Remove
			Change
		SLAIN/SSEE. FL	Add U
		AI K	Remove
			ClChange
			□Add
			□Remove
	•		□Change
			□Add
			Remove
			Chann

Typed or printed name of signee