

8/16/24, 10:37 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L240002752273

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To:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FORWARD LENS LLC

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Corporate Filing Menu

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K. SALY

AUG 19 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORWARD LENS 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:

Mike Town

 Name of Person

Legalzoom.com, Inc.

 Firm/Company

9900 Spectrum Dr

 Address

Austin, TX 78717

 City/State and Zip Code

rosario.kaune@verizon.net

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

For further information concerning this matter, please call:

Mike Town

800 773-0888
 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/COURIER ADDRESS:

Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FORWARD LENS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/22/2024 and assigned Florida document number L24000325273

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1172 S DIXIE HWY PMB 435

CORAL GABLES, FL 33146

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1172 S DIXIE HWY PMB 435

CORAL GABLES, FL 33146

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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>
AMBR	KAUNE, ROSARIO		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1172 S DIXIE HWY PMB 435 CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2024 AUG 16 AM 4:16
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CLERK OF DISTRICT COURT
DADE COUNTY
FLORIDA

2024 AUG 10
ST. JOSEPH, FLORIDA
TALLAHASSEE, FLORIDA

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Dated August 6th 2024.

Thosario Karel
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Rosario Kaune

Typed or printed name of signee