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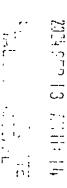
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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: DO FORWA	RD SOLUTIONS LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Oscar D Delgado Andarcio	)		
	·	Name of Person	, , , , , , , , , , , , , , , , , , ,	
	DO FORWARD SOLUTION			
		Firm/Company		
	614 NE 2ND AVE			
		Address		
	Cape Coral, FL 33909			
		City/State and Zip Code		
	daoscarr1@gmail.com E-mail address: (	to be used for future annual re	port notification)	
For further information co	oncerning this matter, please c	all:		
Oscar D Delgado Andarci	o	at ( 786 )	786-805-2943	
Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed)  \$60.00 Filing Fec. Certificate of Status Certified Copy (additional copy is enclosed)	
Mailing Address	<u>:</u> ection		Iress: ion Section of Corporations	7291,000

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

DO FORWARD SOLUTIONS LLC						
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)					
The Articles of Organization for this Limited Liability Florida document number	Company were filed on and assigned					
This amendment is submitted to amend the following:						
L. If amending name, enter the new name of the limited liability company here:						
The new name must be distinguishable and contain the words "Li	imited 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 ADE	DRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new regis</u> :					
Name of New Registered Agent:						
New Registered Office Address:	F.nter Florida street address					
	. Florida					
	City Zip Code					

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>	Type of Action
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