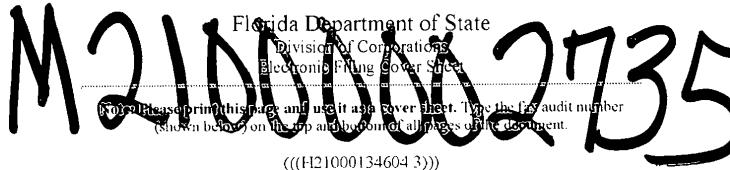
4/5/2021 Division of Corporations





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To:

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JONES FOSTER P.A. Account Number : 076077003231

Phone : (561)650-0471 Fax Number : (561)650-5300

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

jfservice@jonesfoster.com Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FORGE HOUSE LLC

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida D	epartment of	
State: FORGE HOUSE LLC			
Enter new principal office address, if applicable:	N/A		
(<u>Principal office address</u> MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)		100 m	
2. The Florida document number of this limited lial	bility company is: M21000	0002735	
3. Jurisdiction of its organization:DELAV	VARE		
4. Date authorized to do business in Florida:			
SECTION II (5-9 complete only the applicable of	changes)		
New name of the limited liability company: (must	FORGE PROJECT LL contain "Limited Liability Con	C mpany, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C.	naging members adopting the al	usiness in Florida and attach a ternate name. The alternate name	
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	ed officer address on our records	s, enter the name of the new	
Name of New Registered Agent: N/A			
New Registered Office Address:	Enter Floride	Street Address	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Relifereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change the liability company has been notified in writing of the	nt and agree to act in this capac and complete performance of m ered agent as provided for in Cl in the registered office address,	y duties, and Lam Jamittar with apter 605, F.S. Or, if this	

If the amendment changes person, title or capacity in accordance with 605.0902 (!)(e), indicate that change: N/A					
e/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action		
			□Add		
			□Remov		
			□Add		
			□Remov		
			DAdd		
			DReimor		
	 				
aforementioned ain	ne law of which this entity is organ	the official having custody of records in the	□Remov		

Filing Fee: \$25.00



Page 1

p.5

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FORGE PROJECT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORGE PROJECT LLC" WAS FORMED ON THE NINTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202891187

Date: 04-05-21

5426017 8300 SR# 20211171522



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF 'FORGE HOUSE LLC', CHANGING ITS NAME FROM "FORGE HOUSE LLC" TO "FORGE PROJECT LLC", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF MARCH, A.D. 2021, AT 2:30 O'CLOCK P.M.



Authentication: 202860942

Date: 03-30-21