

L24 000185879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

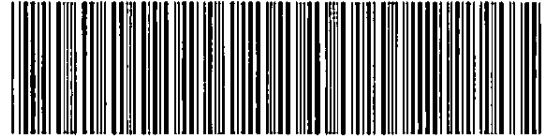
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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APR 19 10:00 AM 7:43
STATE OF FLORIDA
TALLAHASSEE, FL

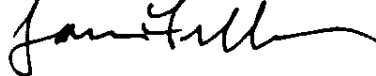
RECEIVED
2024 APR 20 PM 4:55
DIRECTOR
CORPORATION
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon
(850) 524-5437 Teresa
(850) 524-6243 Rich

Please use funds from account: I20210000160: \$25.00

Authorization Signature: 

Business Name: FORSOK LLC

Document # L24000185879

- Certified Copy
- Certificate of Status

- | | | |
|--|--------------|---|
| <u>NEW FILINGS</u> | & | <u>AMENDMENTS</u> |
| <input type="checkbox"/> Profit Corp | | <input checked="" type="checkbox"/> Amendment |
| <input type="checkbox"/> Not for Profit | | <input type="checkbox"/> Resignation / Dissociation |
| <input type="checkbox"/> Limited Liability | | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Domestication | | <input type="checkbox"/> Revocation of Dissolution |
| <input type="checkbox"/> LLLP | | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Corp | | <input type="checkbox"/> Articles of Conversion |
| <input type="checkbox"/> Inc | | <input type="checkbox"/> Amended & Restated Articles of Incorporation |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Statement of Authority |

- | | | |
|---------------------------------------|--------------|--|
| <u>APOSTILLE(s)</u> | & | <u>OTHER FILINGS</u> |
| <input type="checkbox"/> Apostille(s) | | <input type="checkbox"/> Foreign Filing |
| | | <input type="checkbox"/> Reinstatement |
| <input type="checkbox"/> Country(s) | | <input type="checkbox"/> Qualification |
| | | <input type="checkbox"/> Fictitious Name |
| | | <input type="checkbox"/> Annual Report |

EXAMINER'S INITIALS: _____

2021 JUN 23 AM 7:43
 FLORIDA STATE
 TALLAHASSEE, FL
 310

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORSOK 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:

MARTIN E DELLOCA

Name of Person

MDELL CONSULTING CORP

Firm/Company

848 BRICKELL AVE STE 1130

Address

MIAMI, FL, 33131

City/State and Zip Code

MDELLOCA@MDELLCONSULTING.COM

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

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2007 JUN 30 AM 7:43

100

For further information concerning this matter, please call:

MARTIN E DELLOCA

305 6073493

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FORSOK 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 04/24/2024 and assigned Florida document number L24000185879.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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> |
|--------------|-------------------------|------------------|--|
| MGR | ELOWSON, NICOLAS | 848 BRICKELL AVE | <input type="checkbox"/> Add |
| | | STE 1130 | <input checked="" type="checkbox"/> Remove |
| | | MIAMI, FL, 33131 | <input type="checkbox"/> Change |
| MGR | FLORENCIA MARIA FERNAND | 848 BRICKELL AVE | <input type="checkbox"/> Add |
| | | STE 1130 | <input checked="" type="checkbox"/> Remove |
| | | MIAMI, FL, 33131 | <input type="checkbox"/> Change |
| MGR | DELBIZ LLC | 848 BRICKELL AVE | <input checked="" type="checkbox"/> Add |
| | | STE 1130 | <input type="checkbox"/> Remove |
| | | MIAMI, FL, 33131 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

DEPARTMENT OF STATE
 TALLAHASSEE, FL
 JUN 19 09 AM 7:43

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

APR 30 AM 7:43
 DEPARTMENT OF STATE
 TALLAHASSEE, FL
 32203

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL, 30



 Signature of a member or authorized representative of a member

MARTIN E. DELLOCA
 Typed or printed name of signee