

4/24/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BARBOSA LEGAL
Account Number : I20110000049
Phone : (305)501-4680
Fax Number : (305)359-9543

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

Email Address: RENEWALS@BARBOSALEGAL.COM

RECEIVED
2017 APR 24 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FORT LONE PROPERTIES, LLC

Certificate of Status	0
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17 APR 24 AM 9:00
FILED

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APR 25 2017

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FORT LONE PROPERTIES, 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:

BRUNA BARBOSA
Name of Person

BARBOSA LEGAL
Firm/Company

407 LINCOLN ROAD MI-NE
Address

MIAMI BEACH, FL, 33021
City/State and Zip Code

RENEWALS@BARBOSALEGAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUNA BARBOSA at (305) 501-4680
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

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

FORT LONE PROPERTIES, 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 07/18/2013 and assigned Florida document number L13000102178

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:

407 LINCOLN ROAD PH-NE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI BEACH, FL., 33139

Enter new mailing address, if applicable:

407 LINCOLN ROAD PH-NE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI BEACH, FL., 33139

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:

BARBOSA LEGAL

New Registered Office Address:

407 LINCOLN ROAD PH-NE

Enter Florida street address

MIAMI BEACH

Florida 33139

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

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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>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: ^{(((H17000111432 3)))} (Attach additional sheets, if necessary.)

N/A

Multiple horizontal lines for amending information.

17 APR 24 PM 9:00

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 21 2017

Barbosa Signature of a member or authorized representative of a member

BRUNA BARBOSA
Typed or printed name of signee