

L14000089629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

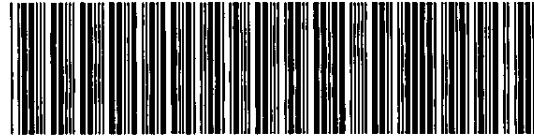
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



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06/30/14--01025--009 **25.00

FILED
14 JUN 30 PM 4:15
CLERK OF COURT
TALLAHASSEE, FLORIDA

T. Burch III 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

FORT INVESTMENTS GROUP LLC

SUBJECT: _____
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:

CESAR OSORIO

Name of Person

FORT INVESTMENTS GROUP LLC

Firm/Company

1580 SAWGRASS CORPORATE PARKWAY SUITE 130

Address

SUNRISE, FL, 3323

City/State and Zip Code

KWINVEST@AOL.COM

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

For further information concerning this matter, please call:

CESAR OSORIO

305 725-7305

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**TO
ARTICLES OF ORGANIZATION
OF**

FORT INVESTMENTS GROUP 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 06/04/2014 and assigned
Florida document number L14000089629

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 end with 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)

1580 SAWGRASS CORPORATE PARKWAY
SUITE 130
SUNRISE, FL, 33323

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1580 SAWGRASS CORPORATE PARKWAY
SUITE 130
SUNRISE, FL, 33323

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

Authorized Member 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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JUN 30 11:15 AM
 SEATTLE
 TALLAHASSEE, FLORIDA

NEW ADDRESS FOR PARTNER: PEDRO FORT (MGR)

1580 SAWGRASS CORPORATE PARKWAY SUITE 130

SUNRISE, FL, 33323

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 26TH, 2014

Signature of a member or authorized representative of a member

PEDRO FORT

Typed or printed name of signee

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

14 JUN 30 PM 6:15

Page 3 of 3

Filing Fee: \$25.00