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# **COVER LETTER**

TO: Registration Sec Division of Corp	
SUBJECT:FC	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	MARIAN O'LEARY Name of Person
	FORTTOFORT LLC
1	Firm/Company  1300 SeaWay Drive - CI  Address
	FORT PIÈCCE, FLORIDA 34949  City/State and Zip Code  Oleary Fortto fort@ gmail. com  E-mail address: (to be used for future annual report notification)
For further information cor	ncerning this matter, please call:
MARIAN Name of I	0'LEARY 1 (32) 223 5410 \$ T
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fort to For			> 		·		
(Name of the Limited (A							
The Articles of Organization for this Limited Liab	oility Com	ipany wei	re filed on _	MAY	th . 2015	and assigne	ed
This amendment is submitted to amend the follow	/ing:						
A. If amending name, enter the new name of the	<u>he limitec</u>	d liability	company	<u>here</u> :			
The new name must be distinguishable and contain the work	ds "Limited	Liability C	Company," the	e designation	"LLC" or the abb	reviation "L.L.C.	"
Enter new principal offices address, if applicab	ole:	_					
Principal office address MUST BE A STREET.	<u>ADDRES</u>	<u> </u>					<del></del>
		_	<del></del>		<del></del>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered office   Name of New Registered Agent:	registeroce address	ed office s here:		on our rec	cords, enter t	he name of t	the new
New Registered Office Address:		1 A	73		HASE	E I	L
•			Enter F	lorida street a	, Florida	2ip Code	<del></del>
New Registered Agent's Signature, if changing Reg	istered A	gent:			RATE RID,	₩ ₩	
hereby accept the appointment as registered or provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and comp ered agen gistered o	plete per t as prov	formance o vided for in	of my dutie Chapter 6	I further agric s, and I am fa 105, F.S. Or, i	n to comply verification in the complex of the complex formal factorial formal factorial factori	nd
	<u>ر</u> آنا	M.	Registered	Agent, Signa	ture of New Reg	Leary Learn	_
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Page 1 of 3

Note: Name misspelt on original document 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>		Address	Type of Action
	MARIAN	O'LEARY	1300 SeaWay Drive Unit C-I Fort Pierce, FL 3494	P Remove
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fective date, if other than the date of filing:	te of filing or more	than 90 days after fi	ling.) Pur	suant to 605.020
ote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	statutory filing re	equirements, this o	late will	not be listed a
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective tim	e, at 12:01 a.	m. on t	the earlier o
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Marian	/ 0 }	Lary		
Signature of a member or authorized	l representative of	a member   \	١.	

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Filing Fee: \$25.00