

L16000028682

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

From: Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN  
Account Number : I20020000140  
Phone : (561)844-3600  
Fax Number : (561)842-4104

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

Email Address: Risafspotopa@ATT.net

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FORTE PRO INVESTMENTS LLC

Certificate of Status	0
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DIVISION OF STATE  
FLORIDA

FEB 23 2016

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### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FORTE PRO INVESTMENTS 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:

RITA F. SOTO, CPA

Name of Person

FORTE-SOTO, P.A.

Firm/Company

114 ANCHORAGE DRIVE SOUTH

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

RITAFSOTOPA@ATT.NET

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

For further information concerning this matter, please call:

RITA F. SOTO

at ( 561 ) 758-0453  
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

FORTE PRO INVESTMENTS 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 FEBRUARY 10, 2016 and assigned Florida document number L16000028682

FILED 2016 FEB 22 A 8:46 DEPT. OF STATE TREASURY, FLORIDA

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:

DOMENICO FORTE

New Registered Office Address:

114 ANCHORAGE DRIVE SOUTH

Enter Florida street address

NORTH PALM BEACH

Florida 33408

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.

Domenico Forte

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	DOMENICO FORTE	114 ANCHORAGE DRIVE SO.	<input checked="" type="checkbox"/> Add
		NORTH PALM BCH, FL 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GIUSEPPINA FORTE	114 ANCHORAGE DRIVE SO.	<input checked="" type="checkbox"/> Add
		NORTH PALM BCH, FL 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GINO A. FORTE	114 ANCHORAGE DRIVE SO.	<input type="checkbox"/> Add
		NORTH PALM BCH, FL 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA  
 2016 FEB 22 A 8:46

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

[Lined area for amending information]

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 FEBRUARY 22, 2016

*(Handwritten Signature)*

Signature of a member or authorized representative of a member

DOMENICO FORTE, MANAGER

Typed or printed name of signee

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