

L1800071907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

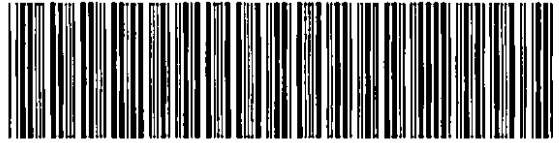
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/17/18--01014--023 **30.00
08/20/18--01012--004 **30.00

2018 AUG 20 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

BRUCE
AUG 25 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fortune Homes Unlimited, 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:

Beatrice P. Sciorchino
Name of Person

Fortune Homes Unlimited, LLC
Firm/Company

832 Appleby St
Address

Boca Raton, FL 33487
City, State and Zip Code

ctccc3@aol.com
E-mail address: (to be used for future annual report notification)

2018 AUG 10 AM 10:12
PROCESSED

For further information concerning this matter, please call:

Beatrice P. Sciorchino at (561) 271-1637
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)

SECRETARY OF STATE
TALLAHASSEE, FL 32301
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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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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2018

BEATRICE P. SCIORTINO
832 APPLEBY ST
BOCA RATON, FL 33487

SUBJECT: FORTUNE HOMES UNLIMITED LLC
Ref. Number: L18000171907

We have received your document for FORTUNE HOMES UNLIMITED LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 018A00016899

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2018 AUG 20 PM 2:40

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

Fortune Homes Unlimited, 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 July 17, 2018 and assigned Florida document number L18000171907

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Beatrice P. Sciarino, LLC

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)

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TALLAHASSEE, FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

Multiple horizontal lines for amending information.

2018 AUG 20 PM 2:48
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TALLAHASSEE FLORIDA

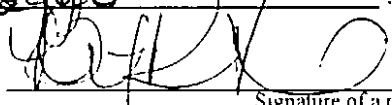
FILED

E. Effective date, if other than the date of filing: August 8, 2018 (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 August 8/8 2018



Signature of a member or authorized representative of a member

Beatrice P Scortino
Typed or printed name of signer