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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L23000153782**

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To:  
Division of Corporations  
Fax Number : (850)617-5383

From:  
Account Name : PROFESSIONAL TAX PREPARATION LLC  
Account Number : I20210000081  
Phone : (407)933-4211  
Fax Number : (407)679-0387

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

Email Address: magnafortisproject@gmail.com  
correct email address.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MAGNAE FORTIS PROJECT LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

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2023 AUG 17 PM 2:24

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2023 AUG 17 PM 12:00

APPROVED  
AND  
FILED

**COVER LETTER**

# H2.0002862133

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Magna Fortis Project 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:

Ysabel C Rivas Jimenez

Name of Person

Firm/Company

2433 Barley Club Dr, Apt 01

Address

Orlando FL 32837

City/State and Zip Code

magnafortisproject@gmail.com

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

For further information concerning this matter, please call:

Ysabel C Rivas Jimenez

929 432-9358

at ( )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# H2.30002862133

H20002862133

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Magnae Fortis Project 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 03/27/2023 and assigned  
Florida document number L23000153782.

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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_  
*Enter Florida street address*  
\_\_\_\_\_, Florida  
*City* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

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2023 AUG 17 PM 12:18  
TALLAHASSEE, FLORIDA

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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H 230002862/3.2

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>
AMR	Ysabel C Rivas Jimenez	2433 Barley Club Dr, Apt 01	<input type="checkbox"/> Add
		Orlando FL, 32837	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Incorrect Statement- AMBR - Ysabal C Rivas Jimenez NO Ysabal

Name was misspelled and changing agent from authorize member to manager

Correct Statement- MGR - Ysabel C Rivas Jimenez Yes Ysabel

Multiple horizontal lines for additional amendments.

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 08/17/2023

X [Signature]  
Signature of a member or authorized representative of a member

Ysabel C Rivas Jimenez

Typed or printed name of signer

Filing Fee: \$25.00

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