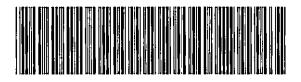
L19000018129

(R	equestor's Name)	-
(Ac	ddress)	_
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(C	ity/State/Zip/Phone	e #) _.
PICK-UP	MAIT WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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C. GOLDEN Mar 2 3 2019

COVER LETTER

то:	Registration Se Division of Co			
emo	Trans	AL TRADING USA, LLC		
SOB	JECT:		ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Denis Fishman		
			Name of Person	
		Denis Fishman PA		
			Firm/Company	
		1920 E. Hallandla Beach B	Blvd., Ste. PH8	
		Hallandale Beach, FL 3300	Address	
		df@usaimmigrationfl.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notif	ication)
For fu	irther information o	concerning this matter, please ca	all:	
Denis	Fishman Esq		305 9319355 at ()	
	Name o	of Person		Telephone Number
Enclo	sed is a check for t	he following amount:		
■ S	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

FILED

AL GHAZAL TRADING USA, LLC

2019 MAR 11 PM 2: 13

(A Flori	da Limited Liability Company)	A - MAJSEE, FI
The Articles of Organization for this Limited Liability	Company were filed on 01/16/2019	and assigned
Florida document number L19000018129		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
FM FORTUNE GROUP LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADL	PRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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>	Address	Type of Action
			Add
			Remove
			Change
			Remove
			☐ Change
	 		□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
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			Remove
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			Change

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ective date, if other than the	date of filing:	(optional)	
effective date is listed, the date mu-	it be specific and cannot be prior to c	late of filing or more than 90 days after filing.) Pursi	
(e: If the date inserted in this blument's effective date on the D		e statutory filing requirements, this date will n	ot be listed as
differit 3 creenive date on the B	epartment of state 3 records.		
record enecifies a delayer	d affective date, but not a	n effective time, at 12:01 a.m. on th	no parlior of
he 90th day after the rec		in checuve time, at 12.01 a.iii. Off ti	ic carrier or
March 5 ed	2019		
	777	•	
	Signature of a member or authorize	ed representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00