A0400000936

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Q. SILAS				
MIAT Z / ZUZZ				
5/26/22				

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RECEIVED

2022 MAY 26 AM 7: 47

SECT TALLAHASSEE. FL

May 6, 2022

FORTUNE CAPITAL GROUP LLLP 50 BISCAYNE BLVD UNIT #1806 MIAMI, FL 33132

SUBJECT: FORTUNE CAPITAL GROUP LLLP

Ref. Number: A04000000936

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 122A00010532

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration			
Division of C	Corporations	Λ	1110
SUBJECT: LO	cture las	ital Group,	<u>LLL</u>
Na	me of Florida Limited Par	nership or Limited Liability	Limited Partnership
The enclosed Certific	cate of Amendment ar	nd fee(s) are submitted t	for filing.
Please return all corr	respondence concerning	ig this matter to:	
<u></u>		<u> </u>	
	Contact Person		
	Firm/Company		
	TimeCompany		
	Address	<u> </u>	
	City, State and Zip Code		
	Line In	1) lismond	\sim \sim
Macial Address: (to	be used for future annual	report notification)	
		,)	
For further informat	ion concerning this ma	atter, please call:	
	<u>-</u>		
Name of Conti	not Pareon	at () Area Code and Davi	time Telephone Number
Enclosed is a check	for the following amo	unt:	
S52.50 Filing Fee	□\$61.25 Filing Fee	□\$105.00 Filing Fee	□\$113.75 Filing Fee,
	and Certificate of Status	and Certified Copy	Certified Copy, and Certificate of Status
		Street Addr	pee'
Mailing Address: Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
		Tallahassec.	FL 32303

CERTIFICATE OF AMENDMENTILED

CERTIFICATE O	F LIMITED PART OF	NERSHIP D. MAY 26 PM 1:2
For tune Capi Insert name currently of	tal Granos	ECRETAR POF STATE
Pursuant to the provisions of section 620.1202. limited liability limited partnership, whose cert adopts the following certificate of amendment	iificate was filed with Florida document nu	the Florida Department of State on when 10400000936.
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the here:	e limited partnership	or limited liability limited partnership
New name must be disting	rishable and contain an a	eceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnership suffixes B. If amending mailing address and/or printed.	es: Limited Liability Limi	ted Partnership, L.L.L.P. or LLLF.
principal office address here:	reipar office address	,
New Principal Office Address:		
(Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registered agent and/or the new registered office	tered office address o address here:	n our records, <u>enter the name of the new</u>
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Flo	rida street address
		, Florida
	City	, Florida 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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
GP	PedroA Martinez and Maria J Martinez as Tenants by Entireties	50 Biscayne Blvd #1806 Miami Fr 3313	■ Add □ Remove え
			☐ Add ☐ Remove
4P	Management, LLC	50 Biszayne Blud #1806 Miami, FL 33132	☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add☐ Remove
			☐ Add ☐ Remove

- E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:
 - ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
 - ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter chang	east never (zinden adamandi succis, ij necessary.)
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the State.)	e date this document is filed by the Florida Department of
Note: If the date inserted in this block does not meet the applicable be listed as the document's effective date on the Department of S	ole statutory filing requirements, this date will not state's records.
Cl. () for any all postnor or all gonoral par	tnare*·
Signature(s) of a general partner or all general par	
(*NOTE: Only one current general partner is required to sign the removing a "limited liability limited partnership" election statem when adding or removing a "limited liability limited partnership"	ent. Chapter 620, r.S., requires an general partiers to sig
Pedio a. Martin	
3	
Signature(s) of all new or dissociating general part	ner(s), if any
Main Montney	
Pedio a. Martin	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	