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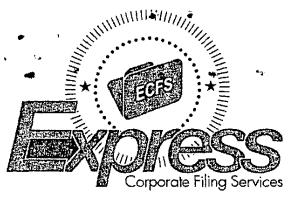
12 JUL 19 AMIO: 56 SECRETARY OF STATE ALLMASSEE, FLORID

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C. LEWIS

JUL 2 0 2012

EXAMINER



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Phone: 305 444 4994

Email- filing@ecfsfiling.com

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2.	(Corporation Name)	(Document #)
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3.	(Corporation Name)	(Document #)
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330	NEW FILINGS	AMENDMENTS
	Profit	Amendment
	NonProfit	Resignation of R.A., Officer/ Director
L	Limited Liability	Change of Registered Agent
-	Domestication	Dissolution/Withdrawal
	Other	Merger
г		
* 0 ×	OTHER FILINGS	REGISTRATION/ QUALIFICATION
-	Annual Report	Foreign
-	Fictitious Name	Limited Partnership
İ	Name Reservation	<u> </u>

Reinstatement

Trademark

Other

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

FILED

12 JUL 19 AH 9: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FORTUNE LINK, LLC

[A] [A:A]

(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 Liab	ility Company were filed on	01/27/2004	and assigned
Florida document number L04000072	35		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company her	<u>:e</u> :	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO			
	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			········
New Registered Office Address:			
	En	ter Florida street add	ress
	 Citv	, Florida	Zip Code
	City		Lip Coue

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 608, 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

MGR = Ma	ng Member being added or removed		
	Managing Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR_	PARETS, ARMANDO	1452 WASHINGTON AVE MIAMI BEACH FL 33139	Add
			Add Remove
			□ Domous
			Add Remove
			Add Remove
<u>. </u>			Add Remove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if neces	sary.)
 			FILED 12 JUL 19 AM 9: 40 SECRETARY OF STATE ALAMASSEE, FLORID
Dated	JULY 17	2012	<u> </u>
	Signature of a me	yul lares juber or authorized representative of a member	·