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T. CLINE

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Fort	: 1031, LLC	
SOBJECT:		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		Richard K. Winn	
		Name of Person	
		Firm/Company	·
	2	2798 Hyde Park Place	
		Address	
	(Clearwater, FL 33761	
		City/State and Zip Code	· 75 20
	ke	eithwinn@earthlink.net to be used for future annual report notification)	20 HO OCT SECRET
For further information	concerning this matter, please of	•	SS 1
F	R. Keith Winn	at (727) 772-7	876
Name	of Person	Area Code & Daytime Teleph	876 TO
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)
Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fort '	1031, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appea ted Liability Company)	irs on our records.	
`	• • •		
The Articles of Organization for this Limited Liability Comp	pany were filed on	07/19/2005 and assigne	d
Florida document numberL05000070892			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :	
Mula	Bula, LLC		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	any," the designation "LLC" or the abbre	viation
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	ZONT TALL	, , , , , , , , , , , , , , , , , , ,
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	See OC	1 t
		SW 1	P. C.
			111
Enter new mailing address, if applicable:		To e	
(Mailing address MAY BE A POST OFFICE BOX)		三	
			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter the name of th	e new
registered agent and/or the new registered ornce address	<u>uere</u> .		
Name of New Registered Agent:			
	······		
New Registered Office Address:	En	nter Florida street address	
	25.1		
	Citv	, 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 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title Address Name MGR Cyndi S Winn 2798 Hyde Park Place Add Clearwater, FL 33761 Remove ☐ Add ☐ Remove ☐ Add Remove Remove Remove [D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) - not applicable -September 29 2010 Dated Signature of a member or authorized representative of a member Richard Keith Winn Typed or printed name of signee

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Filing Fee: \$25.00