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SECRETARY OF STATE
AND AHASSEE FLORID.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FORTIS ENTERPRISES 2LC (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:
EDWARD A. UALLEY (Name of Person)
FORTIS ENTERPRISES LLC (Firm/Company)
PO Box 2341 (Address)
WINTER PARK FL 32789 (City/State and Zip Code)
For further information concerning this matter, please call:
F DW ARD A. VALLEY at (407) 468 5302 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

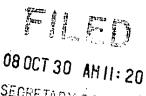
TO:

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



FORTIS ENTER	PORISES	U.C.	SECRETARY OF STATE TALLAHASSEE FLORIDA	
(Name of the Limited Liability (A Florida Lin	Company as it now apmited Liability Compa	pears on our re ny)	cords.)	
The Articles of Organization for this Limited Liability Con Florida document number 207000///98/		Nov 6	2007 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limits	ed liability company	here:		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Co	ompany," the des	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRE	ESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		on our record	ls, enter the name of the new	
Name of New Registered Agent:				
New Registered Office Address:		(Enter Florid	a street address)	
	, Florida			
	(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 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)

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

<u>Title</u>	<u>Name</u>	Address	Type of Action				
MGR	JOHN MAZZONE	8769 BELTER DR ORLANDO FL 3281	Add Remove				
			Add Remove				
	· · · · · · · · · · · · · · · · · · ·		Add Remove				
<u></u>			Add Remove				
			Add Remove				
			Add Remove				
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)					
	27 Octobre 20		08 OCT 30 AM II: 20 SECKETARY OF STATE TALLAHASSEE FLORIDA				
Dated	AT VCIUNE AV						
-	Signature of a member or authorized representative of a member						
_	Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00