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10 MAY 18 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fortune Technology Management LLC
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:

Carol Keel

Name of Person

Solution Services of the Treasure Coast LLC

Firm/Company

9808 Perfect Drive

Address

Port St. Lucie Florida 34986

City/State and Zip Code

solutionservicestc@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Keel

Name of Person

at (772) 361-2270

Area Code & Daytime Telephone Number

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)

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**

Fortune Technology Management, LLC

(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 Liability Company were filed on February 15, 2011 and assigned
Florida document number L10000011313.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Solution Services of the Treasure Coast LLC

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

9808 Perfect Drive
Port St Lucie, Florida
34986

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9808 Perfect Drive
Port St Lucie, Florida
34986

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

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10 MAY 18 AM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGRM	Beth Hewitt	5710 Shannon Drive Fort Pierce, Florida 34951	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Carol Keel	9808 Perfect Drive Port St. Lucie, Florida 34986	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	John Keel	9808 Perfect Drive PORT ST. LUCIE, FLORIDA 34986	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May 14th, 2010.

Beth Hewitt / Carol Keel
Signature of a member or authorized representative of a member
Beth Hewitt / Carol Keel
Typed or printed name of signee