

40000057184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

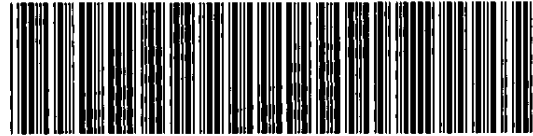
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 JUN 10 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 11 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FORTUNE FINANCIAL REFERRAL 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:

TIM HOLMBERG

Name of Person

FORTUNE FINACIAL LLC

Firm/Company

6685 QUEENS BOROUGH AVE UNIT 303

Address

ORLANDO FL 32835

City/State and Zip Code

ASKFORTUNE@YAHOO.COM

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

For further information concerning this matter, please call:

TIM HOLMBERG

Name of Person

at (407)

668-1838

Area Code & Daytime Telephone Number

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10 JUN 10 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 FINANCIAL REFERRAL 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 5-26-2010 and assigned
Florida document number L10000057184.

This amendment is submitted to amend the following:

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

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)

JASON SERAM

6685 QUEENS BOROUGH AVE 303

ORLANDO FL, 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

TIM HOLMBERG

New Registered Office Address:

6685 QUEENS BOROUGH AVE 303

Enter Florida street address

ORLANDO

, Florida

32835

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:

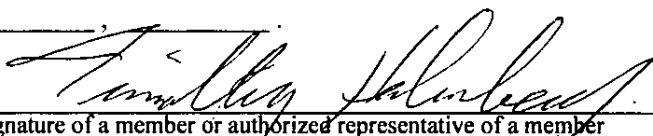
MGR = ~~Manager~~
MGRM = Managing Member

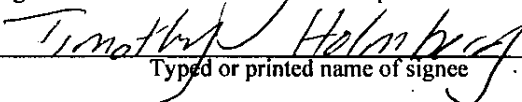
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JASON SEERAM	6685 QUEENS BOROUGH AVE ORLANDO, FL 32835	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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.)

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10 JUN 10 PM 1:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

Dated _____


Signature of a member or authorized representative of a member


Typed or printed name of signee