# 1110000038373

(Requestor's Name)
(Address)
(Address)
<b>(</b> ,
(City/State/Zip/Phone #)
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(Business Entity Name)
(Business Enary Hame)
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amend

# **COVER LETTER**

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TO:	Registration Se Division of Cor	rporations	į.	•			
SUBJE	FORTUNA	LLC					
		Name of Lim	sited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
	ELENA SOSNOVSKAYA						
Name of Person ES ACCOUNTING SERVICES							
Firm/Company 2200 NE 11 STREET							
		HALLANDALE, FL 3300	Address ALLANDALE, FL 33009				
		City/State and Zip Code LENOK69@HOTMAIL.COM					
For far	her information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notifi	cation) 50			
	N SOSNOVSKAN	,	954 699-5969				
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclose	ed is a check for th	ne following amount:					
\$25	i.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

#### PIRITA INVESTMENT AND DEVELOPMENT FUND 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 03/30/2011 and assigned Florida document number L1100038373 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 contain 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) 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 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 City

#### 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	PIOTROVSKY, BORIS	15901 COLLINS AVE, STE. 1506	
		SUNNY ISLES BEACH, FL	
		33160	■ Remove
	DEVA JOOD		Change
MGRM	REVA, IGOR	15901 COLLINS AVE, STE. 1506	
		SUNNY ISLES BEACH, FL	
		33160	■ Remove
			Change
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			□ Remove
			☐ Change

(If an ef Note:	tive date, if other than the date of filing:	.0207 ed as
(b) The	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlies $90$ th day after the record is filed.	er of
Dated	AUGUST 16 2019	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00