

(Re	equestor's Name)	
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☐ PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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2017 NOV 27 RX II: 2

2011 NOV 27 PM 5: 20
SECRETARY OF STATE

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COVER LETTER

TO:	Registration Sec Division of Corp			
CHIDIE	Fortune Hill			
SUBJE		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-	_	
	·	Lana K. Roseboro	-	
		•	Name of Person	
		Fortune Hill, LLC.		
			Firm/Company	
		5128 E. Temple Heights R	oad, #D	
			Address	· · · · · · · · · · · · · · · · · · ·
		Tampa, FL 33617		
			City/State and Zip Code	
		fortunehill5128d@gmail.com	m to be used for future annual report notific	· · · · · · · · · · · · · · · · · · ·
For furt	her information co	oncerning this matter, please ca	·	canony
Lana R	oseboro		269 762-7590 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

FILED
2017 MOV 27 PM 5. 20
SECRETARY OF STATE
DECRETARY OF STATE
DECRETARY OF STATE

Fortune Hill, 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 $\frac{07/01/2011}{1}$ and assigned Florida document number $\frac{L11000074860}{L11000074860}$ 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 4009 E. Henry Avenue Enter new mailing address, if applicable: Tampa, FL 33610 (Mailing address MAY BE A POST OFFICE BOX) c/o Pamela Porter 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: Lana Kebe Roseboro Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Garth Roseboro	5128 E. Temple Heights Road, #D	□ Add
		Tampa, Ft. 33617	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
		 <u> </u>	Remove TALLAHASSEE. FL. TALLAHASSEE. FL.
			OF STATE Remove
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f amending any other information	, , , , , , , , , , , , , , , , , , , ,	·			,
			 		
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ffective date, if other than the date an effective date is listed, the date must be some of the date in this block locument's effective date on the Department.	ne specific and cannot be prior ik does not meet the applic	cable statutory	ng or more than 90 o y filing requirement	(optional) days after filing ents, this date) Pursuant to 605.020' will not be listed as
e record specifies a delayed e The 90th day after the recor		ot an effect	tive time, at 1	.2:01 a.m.	on the earlier o
15th November ated	2017	·			
140					
fre (toil)	,				
Si	gnature of a member or auth	norized represen	ntative of a membe	r	

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Filing Fee: \$25.00