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11 AUG 29 PH 2: 31

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

EXAMINER

COVER LETTER

TO:	Registration Solution of Con			•			
SUBJ	SUBJECT: FORTRESS FUNDING, LLC.						
Name of Limited Liability Company							
	,						
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspondent	ondence concerning this matter	to the following:				
	· ···						
		MI	CHELLE HOFKIN, PA Firm/Company				
		2500 QI	JANTUM LAKES DR, #203				
		BOYN	NTON BEACH, FL 33426				
			City/State and Zip Code				
							
			o be used for future annual report notifica	ition)			
For fu	rther information	concerning this matter, please co	all:				
	MICHEL	LE HOFKIN, ESQ.	at i i	32-0122			
	Name	of Person	Area Code & Daytime	Celephone Number			
Enclos	sed is a check for t	the following amount:		,			
\$2:	5.00 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**

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 AUG 29 PH 2: 31

FC	RTRESS F	UNDING, LLO	<u> </u>	- · · -
(Name of the Limited	Liability Compa Florida Limited	ny as it now appea Liability Company)	rs on our_records.)	
The Articles of Organization for this Limited L	iability Company	were filed on	08/16/2011	and assigned
Florida document numberL1100009	4756			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company her	<u>re</u> :	,
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Compa	nny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applic	able:	7777 GLADE	S ROAD	
(Principal office address MUST BE A STREET ADDI		SUITE100		
		BOCA RATO	N, FL 33434	
Enter new mailing address, if applicable:	P.O. BOX			
(Mailing address MAY BE A POST OFFICE	BOX)	BOCA RATO	N, FL	
B. If amending the registered agent and/ registered agent and/or the new registered or	or registered of ffice address her	fice address on c e:	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	MICHELLE	HOFKIN, ESQ.	·	
New Registered Office Address:	2500 QUAN	ITUM LAKES D	RIVE, SUITE 200	3
		En	ter Florida street ada	Iress
	BOYI	NTON BEACH	, Florida	33426
		City		Zip Code
New Registered Agent's Signature, if changing I	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 oddress, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	MICHELLE HOFKIN, PA	2500 QUANTUM LAKES DR SUITE 203 BOYNTON BEACH, FL 33426	_☑ Add _□ Remove -			
MGRM	MICHELLE HOFKIN	2500 QUANTUM LAKES DR SUITE 203 BOYNTON BEACH, FL 33426	Add _☑ Remove 			
MGR	MICHELLE SILVERMAN	7777 GLADES ROAD SUITE 100 BOCA RATON, FL 33434	_☑ Add Remove			
MGR_	JOHN BUTLER	7777 GLADES ROAD SUITE 100 BOCA RATON, FL 33434	✓ Add □ Remove			
			Add Remove			
			Add Remove - □			
D. If amending	g any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	SE(
FEIN	: 45-3045166		FILED CRETARY O ION OF COR			
 -			F STATE PORATIO			
Dated	21 , 11	authorized representative of a member	- XS			
	• ()	•				
MICHEUE HOTKIN, ESO, c Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00