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(Ci	ty/State/Zip/Phone	e #)
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12 MAR 13 PH 2: 45
SEURETARY OF STATE

K SALY EXAMPLER MAR 14 2012

COVER LETTER

Division of Corp	orations		
SUBJECT:	Fortune I	Enterprises, LLC	
Soboletti		ited Liability Company	···
The enclosed Articles of A	mendment and fee(s) are sul	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		L. Gregory loomar	
		Name of Person	
	L. Gregory Loomar, PA		
		Firm/Company	
	820	1 Peters Rd., Suite 1000)
		Address	
		Plantation, FL 33324	
		City/State and Zip Code	
	Gre E-mail address: (g@LGLoomarLaw.com to be used for future annual report i	notification)
For further information cor	ncerning this matter, please o	•	,
	-		
Green Name of 1	eg Loomar	at (954)	433-2345 ytime Telephone Number
, <u></u>		, non codo de ba	yamo respinsio reamosi
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 enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	G ADDRESS:	STREET/COL	URIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F/L	-EC)	
12 MAR 13 SECRETARY	PH	2: 4	5

Fortune (<u>Name of the Limited Liabilit</u> (A Florida	e Enterprises, LLC y Company as it now appear Limited Liability Company)	S on our records.)	RETARY OF STATE AHASSEE, FLORIDA
The Articles of Organization for this Limited Liability (Florida document number L11000130453	Company were filed on	11/16/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	<u>e</u> :	
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street add	lress
	0''	, Florida	7: 0.1
	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			
Title	<u>Name</u>	Address	Type of Action
MGMR	Gwen Fortune	1025 San Pedro Ave. Coral Gables, FL 33156	Add Remove
MGMR	Niki Fortune	1025 San Pedro Ave., Coral Gables, FL 33156	Add Remove
			Add Remove
	<u></u>		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information,	enter change(s) here: (Attach additional sheets, if necessary.)	
			_ _
Dated	March 9	<u>2012</u> .	_
	Signatur	of a member or authorized representative of a member L. Gregory Loomar	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00