

# L120000155608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

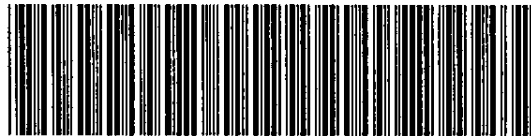
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LUFORT GROUP 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:

**CHRISTIAN FORTOUL**

Name of Person

Firm/Company

**1147 NW 122ND ST**

Address

**MEDLEY, FL 33178**

City/State and Zip Code

**cfl2000@yahoo.com**

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

For further information concerning this matter, please call:

**CHRISTIAN FORTOUL** at **954 7561751**

Name of Person

Area Code & Daytime Telephone Number

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**

**LUFORT GROUP 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 December 13, 2012 and assigned Florida document number L12000155608.

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)

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*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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:

**FILED**  
DEC 11 PM 2:44  
STATE OF FLORIDA

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article V. The name of Managing Members, their addresses,  
and Percentages Membership Interest, are set forth on  
Exhibit "A" attached hereto.

Dated December 13, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

CHRISTIAN FORTOUL (MRGM)

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**L12000155608**

**EXHIBIT "A"**

**LUFORT GROUP LLC,**  
a Florida Limited Liability Company

<b><u>Managing Member</u></b>	<b><u>Address</u></b>	<b><u>Percentage of Membership</u></b>
Title: MGRM LUCIANO DI LUCIANO	677 NAPA VALLEY AV WOODBRIE, ON L4H 2J1 CANADA	45%
Title: MGRM ANTONIO DI LUCIANO	677 NAPA VALLEY AV WOODBRIE, ON L4H 2J1 CANADA	45%
Title: MGRM CHRISTIAN FORTOUL	11417 NW 122 ST MEDLEY, FL 33178	10%