

Division of Corporations

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**L130000097175**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H13000173788 3)))



H130001737883ABC5

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323) 962-8600  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FORTUNE INVESTMENT GROUP LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

*Amend*

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Corporate Filing Menu

Help

J. SAULSBERRY  
EXAMINER

AUG 06 2013

Apr 26 00 01:40a

Winifred Fili

3056654933

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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: Fortune Investment 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:

Imelda Vasquez  
(Name of Person)Legalzoom.com, Inc.  
(Firm/Company)100 W. Broadway Suite 100  
(Address)Glendale, CA 91210  
(City/State and Zip Code)

For further information concerning this matter, please call:

Imelda Vasquez at (323) 962-8600 ext 7950  
(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 323012013 AUG -5 AM 8:40  
FILED  
TALLAHASSEE, FL  
CLERK OF THE COURT

Apr 26 00 01:40a

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Fortune Investment 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 07/09/2013

and assigned

Florida document number: L13000097175

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 "LLC."

**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)

Apr 26 00:01:40a

Winifred Fili

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**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>
MGRM	WINIFRED H. FILI	6600 SW 94 ST. Miami, FL 33156	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated 8/5/2013

Signature of a member or authorized representative of a member

Michael C. Fili

Typed or printed name of signee

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Filing Fee: \$25.00

STATE OF FLORIDA  
HALL COUNTY

2013 AUG -5 AM 8:40

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