*L14000042281

(Re	equestor's Name)	·-
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

K.SALY EXAMINER JUN 2 0 2014

COVER LETTER

TO:

Registration Section **Division of Corporations**

FG AMERICA LATINA, 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:

Werner Macedo

Name of Person

FG AMERICA LATINA, LLC

4705 S Apopka Vineland Rd #106

Address

Orlando, FL 32819

City/State and Zip Code

werner@groupfortress.com

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

For further information concerning this matter, please call:

Werner Macedo

at (407) 608-5454

Area Code Daytime Telepho

Name of Person

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**

FILED

2014 JUN 19 PM 3: 41

SECRETARY OF STATE
TALL AHASSEF, FLORID!

FG AMERICA LATINA, 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 L	iability Company	were filed on March 13, 2014	and assigned	
Florida document number L14000042281				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
N/A				
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designation "LLC" or	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A	·	
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)		1.00	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			ler the name of the new	
New Registered Office Address:	N/A			
,	Enter Florida street address			
	N/A	, Florida	N/A Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	performance of my duties, and I opposite provided for in Chapter 605, F.S.	am familiar with and Or, if this document is	
	If Cha	nging Registered Agent, Signature of Ne	w Registered Agent	

To:Attn: Agnes (18502456030)

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	GROUP ACQUA HOLDINGS, LLC	1521 CONCORD PIKE #30	3 □ Add
		WILMINGTON, DE 1980	3 Remove
			elle- _{erre} ndelle.
			🗆 Add
			🗆 Remove
			,_
vision with modern constitutions.			
			□ Remove
	<u>.</u>		□ Add
			□ Remove
			_
			□ Add
			□ Remove
			_
			D Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets This amendment is being done to remove Group	
Holdings, LLC from this Entity. This business de	ecided not
to participate in the operations and is no longer	a member.
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than	(optional)
the date this document is filed by the Florida Department of State)	90 days alter
A treatment and a state of the	90 days and
the date this document is filed by the Florida Department of State) Dated May 28	
the date this document is filed by the Florida Department of State) May 28 2014	

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Filing Fee: \$25.00