L14000059116

Office Use Only



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N. Gumgan JUL 182014

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Fortress Consulting and Education, 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:

Cathy Stockinger

Name of Person

Fortress Consulting and Education, LLC

Firm/Company

6017 Pine Ridge Road, Suite 346

Address

Naples, Florida 34119

City/State and Zip Code

fortressconsulting14@gmail.com

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

For further information concerning this matter, please call:

Cathy Stockinger

,,239、659-5624

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

FILED 2014 JUL 18 AM II: 40

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Fortress Consulting and Education, 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 C Florida document number <u>L14000059116</u>	Company were filed on April 10, 2014	and assigned	
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 "Li	imited 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 ADDI	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
<u></u>	, Flori	da	
	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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Address</u> **Type of Action** Title **Name** 3103 Cypress St. Ste.3 Pmb 251 George Timothy Wyatt MGR West Monroe, LA. Remove 71291 _____ Add ____ 🗆 Remove _____ 🗆 Add ☐ Remove ☐ Add □ Remove _□ Add ☐ Remove □ Add ☐ Remove

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated July 14 2014 Significant of a member or anthorized representative of a member		
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated July 14		
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Catherine J. Stockinger Significant of a member or anthorized representative of a member	Effective date, if other than the date of fili (The effective date must be specific, cannot be prior to	date of receipt or filed date and cannot be more than 90 days after
Catherine J. Stockingur Signature of a member or authorized representative of a member	the date this document is filed by the Florida Departm	
Signature of a member or authorized representative of a member	•	
Catherine Y. Stockinger	Dated July 14	

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Filing Fee: \$25.00

