

L14000059116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

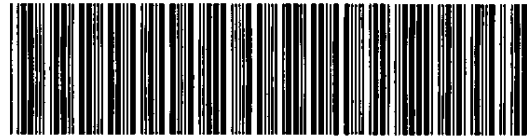
(Business Entity Name)

(Document Number)

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2014 JUL 18 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan JUL 18 2014

## 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**

Name of Person

at

**239 659-5624**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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SHERIFF'S OFFICE  
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	George Timothy Wyatt	3103 Cypress St. Ste.3 Pmb 251	<input type="checkbox"/> Add
		West Monroe, LA.	<input checked="" type="checkbox"/> Remove
		71291	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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

Catherine Y. Stockinger

Signature of a member or authorized representative of a member

Catherine Y. Stockinger

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA