# L14000088335

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CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

# **FILING COVER SHEET**

ACCT. #FCA-23

Examiner's Initials

CONTACT:	<u>SAVA</u>	NNAH DEBOER		
DATE:	06/12/2014			
REF. #:	4229780.9176668			
CORP. NAME:	<u>FORT</u>	UNATE THREE PROPERTIES, LLC		
( ) ARTICLES OF INCORPORA	ATION	( XX ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION	
( ) ANNUAL REPORT		( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME	
( ) FOREIGN QUALIFICATION		( ) LIMITED PARTNERSHIP	( ) LIMITED LIABILITY	
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRAWAL	
( ) CERTIFICATE OF CANCEL	LATION	i		
( ) OTHER:				
STATE FEES PREPAID WI		70021605 = 10021606 = 10021606   FOR TO BE DEBITED:    COST LIMIT:	SAFETARY OF LAHASSEELF	
PLEASE RETURN:			50 <b>9.</b> C	
( XX ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD S' ( ) PLAIN STAMPED COPY ( ) CERTIFICATE OF STATUS	TANDII	NG		

### **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

# UNATE THREE PROPERTIES, 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:

Attorney Phillip A Wolff
Name of Person
Gibson, Kohl, Wolff & Hric, P.L.
Firm/Company
1800 Second St, Suite 901
Address
Sarasota, FL 34236
City/State and Zip Code
PAW@SarasotaClosings.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Fracy or Beth941, 365-1166
Name of Person Area Code Daytime Telephone Number
closed 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

FORTUNATE THREE PROPE  (Name of the Limited Lin (A Flo	ERTIES LLC ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number <u>L1400088335</u>	ty Company were filed on JUNE 2014	and assigned
This amendment is submitted to amend the following	g:	
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 AD	ODRESS)	20 <u>20                                 </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	2	
		\$ <b>6</b>
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		ter the name of the new
Tegistered agent and/or the new registered office a	address here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del>-</del>	, Florida	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

Title	<u>Name</u>	Address	Type of Action	
MGR	Owens, Kevin C	1109 Ponderosa Pine Ln		
		Sarasota, FL 34243	Remove	
AMBR	Owens, Kevin C	1109 Ponderosa Pine L	— n <sub>■ Add</sub>	
		Sarasota, FL 34243	Remove	
			N 12	
MGR	Owens, Robert B	6910 Magellan Way		
		Sarasota, FL 34243	Remove	
AMBR	Owens, Robert B	6910 Magellan Way Sarasota, FL 34243		
MGR	Owens, Susan K	6910 Magellan Way		
		Sarasota, FL 34243	🖩 Remove	
AMBR	Owens, Susan K	6910 Magellan Way	Add	
		Sarasota, FL 34243	□ Remove	

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
(The eff the da	tive date, if other than the date of filing:  [Sective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after te this document is filed by the Florida Department of State)  June 12  2014	<del>-</del>		-
	Signature of a member or authorized representative of a member  Attorney Phillip A Wolff, as authorized representative  Typed or printed name of signee	SECRETARY OF STATE	2014 JUN 12 AM 94 08	10 mm

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Filing Fee: \$25.00