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SECRETARY OF STATE
MALLAMASSEE, FLORID

COVER LETTER

TO:	Registration Se Division of Cor		• •		
eun n		VESTMENTS GROUP			
SUBJI	EC1:	Name of Lim	ited Liability Company		
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		PEDRO FORT			
	Name of Person				
		FORT INVESTMEN	TS GROUP LLC		
			Firm/Company		
		1580 Sawgrass Cor	porate Ppkwy Suite 130		
		SUNTISE	Address		
		Weston, FL, 33323			
		Pedro.Fort.B@Gmail	City/State and Zip Code		
		E-mail address: (to be used for future annual report notific	cation)	
For fu	rther information c	oncerning this matter, please ca	all:		
Cesa	ar A. Osorio		305 725-7305		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclos	sed is a check for th	ne following amount:			
€ \$2	5.00 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

TO ARTICLES OF ORGANIZATION OF

FORT INVESTMENTS GROUP LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 06/04/2014 The Articles of Organization for this Limited Liability Company were filed on and assigned L14000089629 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FORT MARKETING GROUP LLC 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

<u>Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	FORT GROUP S.A.	URB. OBARRIO, AV. SAMUEL LEWIS	Add
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he date this document is filed by the Florida		(optional) re than 90 days after
he date this document is filed by the Florida September 25 rated	Department of State) 2014	
the date this document is filed by the Florida September 25 Dated	Department of State)	

Page 3 of 3

Filing Fee: \$25.00

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