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(Re	questor's Name)	1
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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`	Office Use On	



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COVER LETTER

	stration Section of Corp			
SUBJECT: _	For	bes Fort	une Real Estate imited Liability Company	<u>, LL</u> C
The enclosed A	Articles of A	mendment and fee(s) are su	ubmitted for filing.	
Please return a	ll correspon	dence concerning this matte	er to the following:	
		Eabign	Forhes Name of Person	
		Forbes For	-tune Real Estate,	LLC
		4520 pol	K S + Address	
		Hollywood	City/State and Zip Code	
		Fabetorbe E-mail address	cs09840amail.co.	
For further infe	ormation cor	ncerning this matter, please	call:	SSEC - 7
Fabia	Name of I	Person	at (954) 494-61 Area Code Daytime Telep	36 PH 4: 22
Enclosed is a c	heck for the	following amount:		
□ \$25.00 Fili	ing 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

FORDS FOR	TUNE H	State as it now appears on ou	e, UC		
(Tung of the Estimate	(A Florida Limited Liab	ility Company)	()		
The Articles of Organization for this Limited Li Florida document number	ability Company we	re filed on	7/14	and as	signed
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabilit	y company here:			
The new name must be distinguishable and end with the vector new principal offices address, if applicately applied (Principal office address MUST BE A STREE)	able:	Company," the designa	tion "LLC" or th	e abbreviation "	L.L.C."
12 rmcspm office unuress meet DE A GARDE				A 2	
Enter new mailing address, if applicable:	-	,, ,		NOV -7	
(Mailing address MAY BE A POST OFFICE A	<u>BOX)</u>	,		<u> </u>	m
	-			\$14TE	-
B. If amending the registered agent and/or the new registered of		e address on our	records, <u>ente</u>	r the name	of the new
Name of New Registered Agent:	Fabian	Forbes		······································	
New Registered Office Address:	4520 pc	Enter Florida stre	et address		
	Hallywas	الم	Florida	3302	- 1

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

Zip Code

n amending the Managers of Authorized Member on our records, enter the tipe, name, and address of each Manager of Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Title <u>Name</u> **Type of Action** <u>Address</u> Fredelin Fortune 4520 polk St DAdd

Hollywood Fl 3302) DRemove

+ + + outrne □ Add ☐ Remove □ Add ☐ Remove

	 □ Remove
	-
	.□ Add
	 □ Remove
,	

D. II alli	chaing any other information, enter change(s) here. (Anach additional sheets, if necessary.)
	I would like to pemove Fredelin Fortune from
-	Forbes Fortune LLC and make Fabian Forbes
	the only owner on this business
	•
(The ef	tive date, if other than the date of filing: 10-27-14(optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the this document is filed by the Florida Department of State)
Dated	1 11-3-14
	T. tollar
	Signature of a member or authorized representative of a member
	Fabian Forbes
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2011 NOV -7 PH 4: 22