

L15000032771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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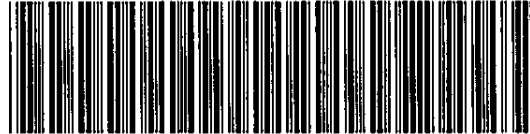
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 20 2015
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fortis Realty Advisors I, 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:

Sara L Delaney

Name of Person

Forge Capital Partners

Firm/Company

102 W Whiting St, Suite 600

Address

Tampa, FL 33602

City/State and Zip Code

sdelaney@forgecapitalpartners.com

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

For further information concerning this matter, please call:

Sara L Delaney

at (813) 574-6762

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**

Fortis Realty Advisors I, 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 Company were filed on February 23, 2015 and assigned Florida document number L15000032771.

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 "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)

2501 S. MacDill Ave

Tampa, FL 33629

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2501 S. MacDill Ave

Tampa, FL 33629

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:

Robert Moreyra

New Registered Office Address:

2501 S. MacDill Ave

Enter Florida street address

Tampa

City

Florida 33629

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Moreyra	2501 S. MacDill Ave	<input checked="" type="checkbox"/> Add
		Tampa, FL 33629	<input type="checkbox"/> Remove
MGR	Peter H Collins	2501 S. MacDill Ave	<input checked="" type="checkbox"/> Add
		Tampa, FL 33629	<input type="checkbox"/> Remove
P	Ed Kobel	4401 W Kennedy Blvd	<input checked="" type="checkbox"/> Add
		Third Floor	<input type="checkbox"/> Remove
		Tampa, FL 33609	
VP	Debbie Moreyra	2501 S. MacDill Ave	<input checked="" type="checkbox"/> Add
		Tampa, FL 33629	<input type="checkbox"/> Remove
AMBR	Edward Kobel	4401 W Kennedy Blvd	<input type="checkbox"/> Add
		Third Floor	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33609	
VP	GAY ADAMS	4401 W. Kennedy Blvd	<input checked="" type="checkbox"/> Add
		Third Floor	<input type="checkbox"/> Remove
		Tampa, FL 33609	

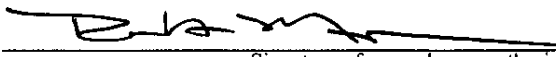
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D.. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 February 25, 2015



Signature of a member or authorized representative of a member

Robert Moreyra

Typed or printed name of signee

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Filing Fee: \$25.00

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