

# L1500017758

Florida Department of State  
Division of Corporations  
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FORTUNE 1804 PROMOTIONAL GROUP LLC

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July 28, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FORTUNE 1804 PROMOTIONAL GROUP LLC  
6445 NW 2ND AVE  
APT 11  
MIAMI, FL 33150

SUBJECT: FORTUNE 1804 PROMOTIONAL GROUP LLC  
REF: L15000177758

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H17000197087  
Letter Number: 317A00015241

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H17000197087

FORTUNE 1804 PROMOTIONAL GROUP 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 OCTOBER 15, 2015 and assigned  
Florida document number L15000177758

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FORTUNE 1804, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

City 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

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IN AND FOR THE COUNTY OF DADE, FLORIDA

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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: JULY 27, 2017 (optional)  
(If an effective date is listed, the date must be specific and cannot be "as soon as possible.")

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JULY 27

2017

Signature of a member or authorized representative of a member

ALEXANDRE MAURICE

Typed or printed name of signer

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