## L16000047794

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S. CHATHAM AUG 18 2023

07/11/23--01014--013 \*\*60.00

## **COVER LETTER**

Division of Corpor	rations	,	
SUBJECT: Forti	ress Homes L	LC	·
	Name of Limit	ted Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	•
	JANA GIL	LAR	
		Name of Person	
	Forteess Ho	omes LLC	
		Firm/Company	
	52 Tus	scan Way, Ste	202 H 170
		Address	·
	St. Augusti	ine FL 32E	92
_	gillar 179	who thail com	
	(/ E-mail address: (to	o be used for future annual report n	otrication)
For further information cond	erning this matter, please ca	11:	
JANA G	ILLAR	at (904) 61	68451
Name of Pe	erson	Area Code Dayt	ime Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORTRESS HOMES LL	C
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	oears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L 160000 4779</u> 4	3/8/20/6 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
he new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	72
	<u> </u>
nter new mailing address, if applicable:	73%
Mailing address MAY BE A POST OFFICE BOX)	8
	20
B. If amending the registered agent and/or registered office address on ou gent and/or the new registered office address here:  Name of New Registered Agent:	r records, enter the name of the new registe
New Registered Office Address:  Enter 1	Florida street address
	, Florida
City	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Address <u>Title</u> Name 1 52 Tuscan Way Ste 202#170 DAdd FREDY GALO St. Augustine, FL 32092 □Change \_\_ 🗆 Remove Change □Add □ Change □Remove Change □Add □Remove ☐ Change □Add Remove

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fective date, if other than the date of filing:	ng.) Pursu	ant to 60 ot be lis	5.0207 ted as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed.	The 90th	day aft	er the
, ,			
ated $\frac{7}{7}/\frac{2023}{}$			
Lac - Sly		·	
Signature of a member or authorized representative of a member  JANA GILLAR		·- <u>-</u>	