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10/12/16--01021--006 **25.00

J. HARRIS

COVER LETTER

Division of Co		
Fort Fami SUBJECT:	ly Moorings, LLC	
	Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	Jerald C. Cantor	r filing. Illowing: Ime of Person Im/Company Address Internal Code Internal
	Name of Person	
	Phillips, Cantor, Shalek & Pfister	
	Firm/Company	
	4000 Hollywood Blvd., Suite 500 N	
	Address	966-1820 Daytime Telephone Number ee & □ \$60.00 Filing Fee, Certificate of Status &
	Hollywood, FL 33021	
	City/State and Zip Code	
	jcantor@phillipslawyers.com	
For further information	concerning this matter, please call:	
Jerald C. Cantor	at ()	
Name	of Person Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Statu , (additional copy is enclosed) , Certified Copy	1

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

Fort Family Moorings, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability of Florida document number L16000051542	Company were filed on 3/14/2016	and assigned
This amendment is submitted to amend the following:	 ·	
A. If amending name, enter the new name of the lin	nited liability company here:	
Fort Family Ventures LLC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "L	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	<u>ත්</u> 💥
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Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		** 27 32
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B. If amending the registered agent and/or registered agent and/or the new registered office add		rds, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	iress
		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 Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
	<u> </u>		Add
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			□ Change
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ffective date, if other than	the date of filing:		(optional)	
an effective date is listed, the date Note: If the date inserted in the ocument's effective date on the	is block does not meet the a	applicable statutory filing re	than 90 days after filing.) Pursi equirements, this date will n	uant to 605.0207 ot be listed as
e record specifies a dela The 90th day after the		ut not an effective tim	e, at 12:01 a.m. on th	ne earlier of
October 11	2016	•	,	•
ated	· · · · · · · · · · · · · · · · · · ·	·		
8	R //	<u></u>		6
	Signature of a member of	r authorized representative of	a member	
Jerald C. Cantor	1			2
	Typed or	r printed name of signee		7
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Filing Fee: \$25.00