

L16000/86000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

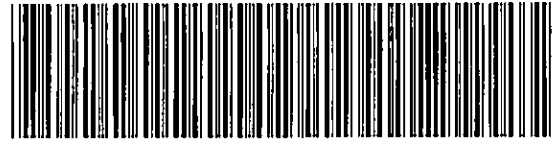
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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LLC N/O & Amend

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06/30/23--01018--002 ♦♦60.00

FILED  
2023 FEB -7 PM 12 39  
SECRETARY OF STATE  
STATE OF MISSISSIPPI

A. RAMSEY  
MAR 30 2023



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 29, 2022

AARON BLAKE FORTNER  
4F MOBILE WELDING LLC  
6289 HOLLOWAY RD.  
BAKER, FL 32531

SUBJECT: 4F MOBILE WELDING, LLC  
Ref. Number: L16000186000

We have received your document for 4F MOBILE WELDING, LLC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$7.50.

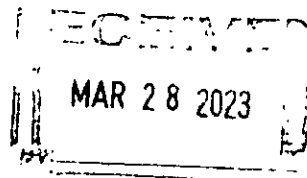
The form that you submitted is incorrect. It is for a corporation and your entity is a limited liability company. I have enclosed the correct form.

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

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey  
OPS

Letter Number: 722A00019214



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Four Fortness Contracting 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:

Aaron Blake Fortner  
Name of Person

Four Fortness Contracting  
Firm/Company

6289 Holloway Rd  
Address

Baker FL 32531  
City/State and Zip Code

misty8204@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Misty Fortner at (350) 603-3112  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**Mailing Address:**  
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

FILED

2023 FEB -7 PM 12 39

4/F mobile Welding LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

STATE OF FLORIDA  
TALLAHASSEE FL 32399

The Articles of Organization for this Limited Liability Company were filed on 10-6-16 and assigned  
Florida document number L16000186000.

This amendment is submitted to amend the following:

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

Four Fortress Contracting LLC

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

Enter new principal offices address, if applicable:

6289 Holloway Rd

(Principal office address MUST BE A STREET ADDRESS)

BAKER FL 32531

Enter new mailing address, if applicable:

same as above

(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:

No Change

New Registered Office Address:

Enter 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee