L17000025112

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COVER LETTER

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SUBJECT:	Fortune Pro	openies, LLC		
Sobster.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Philippe A Neptune		
			Name of Person	
		Fortune Properties, LLC		
			Firm/Company	
		625 SW 1st Street		
			Address	
		Hallandale Beach, Florida	33009	
		-	City/State and Zip Code	
		pneptune@live.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	formation c	oncerning this matter, please co	all:	
Philippe A N	Veptune		954 589-8920 at ()	
	Name o	f Person		Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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

FORTUNE PROPERTIES, LLC						
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)			
The Articles of Organization for this Limited I	Liability Company	were filed on 01/31/2017		and assigned		
Florida document number L17000025112	·					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	pility company here:				
Neptune Investment Properties, LLC						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbrev	iation "L.L.C."		
er new principal offices address, if applicable:		625 SW 1st Street				
(Principal office address MUST BE A STRE	Hallandale Beach, Florida 3300)9				
Enter new mailing address, if applicable:		Same as above	_			
Mailing address MAY BE A POST OFFICE	BOX)			17		
			77 74	120 		
(Mailing address MAY BE A POST OFFICE BOX)			्र जुन्	N		
B. If amending the registered agent and			, <u>enter thē</u>	name of the n		
registered agent and/or the new registered o	ilice address her	<u>e</u> :				
Name of New Registered Agent:	Same as previo	ous LLC- no change	OND.	60 60 60		
New Registered Office Address:	Same as previo	ous LLC - no change				
- 		Enter Florida street address	ī			
		, Flo	rida			
		City		In 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 = Manager

$\mathbf{AMBR} = \mathbf{A}$	R = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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Filing Fee: \$25.00