## 47000129397

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2018 AUG 31 AM II: 4 I SECRETARY OF STATE

## **COVER LETTER**

то:	Registration Sec Division of Corp			
SUBJE	JTC Fortun	e, LLC		
SUBJE	<u></u>	Name of Limi	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Vicky Cortina		
			Name of Person	
		JTC Fortune, LLC		
			Firm/Company	
		510 NW 152nd Street		
			Address	<del></del>
		Miami, FL 33169		
		vickyscortina@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Vicky	Cortina		305 916-0765	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>■</b> \$2:	5.00 Filing 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

FILED

2018 AUG 31 AM 11: 41

JTC Fortune, LLC

(Name of the Limited Liability Company as it now appears on our records.) LURE IARY OF STATE
(A Florida Limited Liability Company) TALL AHASSEE. FL

The Articles of Organization for this Limited Liability Cor	npany were filed on June 13, 2	2017 and assigned
Florida document number L17000129397	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
JTC Fortune Contractors, LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company." the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ecords, enter the name of the new
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Elorida stree	) address
<u></u>		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my dut ent as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is .
	~	

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
		/	Change
		· · · · · · · · · · · · · · · · · · ·	Add
			☐ Remove
		<del></del>	☐ Change
			☐ Remove
		<del></del>	☐ Change
—	/		Add
./			Remove
			☐ Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
/—————————————————————————————————————
Effective date, if other than the date of filing: (optional)
(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 605.020'  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of The 90th day after the record is filed.
Dated Aug. 8th . 2018 .
Signature of a member or authorized representative of a member
Vicky S. Cortina
Typed or printed name of signee

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Filing Fee: \$25.00