47000131463

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COVER LETTER

TO:	Registration Se Division of Cor				
CHID IE/	FORTUNE	2 LLC			
SUBJEC	-1; <u></u> .	Name of Lim	ited Liability Company	_	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	indence concerning this matter	to the following:		
		ANTONIO REGOJO			
			Name of Person	_	
		REGOJO LAW, PA			
Firm/Company					
	12550 BISCAYNE BLVD STE 110				
			Address		
		MIAMI, FL 33181			
		aregojo@regojolaw.com	City/State and Zip Code	2017 496 114	-71
		E-mail address: (to be used for future annual report notification)		
For furth	er information o	oncerning this matter, please ca	all: Some		
ANTON	TO REGOJO		305 814-8299	٣ التا	Ü
	Name o	f Person	at () at ()	: F	
Enclosed	f is a check for th	ne following amount:			
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif) Filing Fee, ficate of Sta fied Copy onal copy is en	itus &
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building	i:	

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORTUNE 2 LLC				
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our reco I Liability Company)	<u>rds.</u>)		
The Articles of Organization for this Limited Liability Compan	y were filed on JUNE 15, 2017	and assigned		
Florida document number L17000131463				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LI	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		<u> </u>		
		HE AUG		
Enter new mailing address, if applicable:		882		
Mailing address MAY BE A POST OFFICE BOX)				
		<u> </u>		
		- 5 5		
 If amending the registered agent and/or registered registered agent and/or the new registered office address he 		ds, enter the name of the no		
	_			
Name of New Registered Agent:				
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.

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CAROLINA B ACLAN	4201 CATHEDRAL AV NW	∃ Add
		UNIT #621 W	□ Remove
		WASHINGTON DC 22021	
			□ Remove
			Change
			Add
			☐ Remove
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fective date, if other than the (n effective date is listed, the date must	date of filing: be specific and cannot be pr	rior to date of filing or r	op: nore than 90 days aft	t ional) er filing.)	Pursuant to	605.0207
ote: If the date inserted in this blo cument's effective date on the De	ck does not meet the app	dicable statutory filin	ng requirements, th	iis date v	vill not be l	listed as
	,					
record specifies a delayed The 90th day after the reco		not an effective	time, at 12:01	a.m. o	on the ea	rlier of
AUGUST 11	2017	. 11				
	··	W/////				
		1110/11/1				

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Typed or printed name of signee

Filing Fee: \$25.00