

6/5/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FORTUNE EAGLE REAL ESTATE INVESTMENT LLC

| | |
|-----------------------|---------|
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32399

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Corporate Filing Menu

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J. LEGGETT
JUN 06 2018

Jun. 5. 2018 11:30AM FREEDOMTAX

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FORTUNE EAGLE REAL ESTATE INVESTMENT LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/03/2017 and assigned
Florida document number L17000228058

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

950 Warehouse Road

Apt 50201

Orlando, FL 32803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

950 Warehouse Road

Apt 50201

Orlando, FL 32803

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:

New Registered Office Address:

20180118 11:30AM 18-11-18

_____, 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:

Jun. 5. 2018 11:30AM FREEDOMIAX

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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

| Title | Name | Address | Type of Action |
|-------|---------------------|--------------------|--|
| MGR | Gokce, Hakan | 950 Warehouse Road | <input type="checkbox"/> Add |
| | | Apt 50201 | <input type="checkbox"/> Remove |
| | | Orlando, FL 32803 | <input checked="" type="checkbox"/> Change |
| MGR | Koufos, Aristotelis | 950 Warehouse Road | <input type="checkbox"/> Add |
| | | Apt 50201 | <input type="checkbox"/> Remove |
| | | Orlando, FL 32803 | <input checked="" type="checkbox"/> Change |
| MGR | Kucukagiz, Inci | 950 Warehouse Road | <input type="checkbox"/> Add |
| | | Apt 50201 | <input type="checkbox"/> Remove |
| | | Orlando, FL 32803 | <input checked="" type="checkbox"/> Change |
| MGR | Kucukagiz, Ece | 950 Warehouse Road | <input type="checkbox"/> Add |
| | | Apt 50201 | <input type="checkbox"/> Remove |
| | | Orlando, FL 32803 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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Jun. 5. 2018 11:30AM FREEDOMTAX

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. 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.) Payment to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated June 5, 2018

Hubert Schue

Signature of a member or authorized representative of a member

Hakan Gökce

Typed or printed name of signer

((H180001699743))