L17000 237177

(Requestor's Name)
(Address)
(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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FILED
2022 HAR 17 AH II: 28
SECRETARY OF STATE

D. BRUCE MAR 17 2022.



March 3, 2022

JULIO C DE LOS RIOS 2500 HOLLYWOOD BLVD, STE 208 HOLLYWOOD, FL 33020

SUBJECT: FORTUNE STAR INVESTMENT LLC

Ref. Number: L17000237177

We have received your document for FORTUNE STAR INVESTMENT LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 222A00005265

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www.sunbiz.org

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	porations						
SUBJECT: FOR	THAIF STAD KILL	KSTMENT	110				
SUBJECT: 7 O/C	TUNE STAR INV Name of Lim	ited Liability Company	<u> </u>	 			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspon	ndence concerning this matter	to the following:					
	Julio C. DE	LOS RIOS Name of Person		<u></u>			
	DLR PROFESSI	ONAL SERVICE	es he.				
	2500 HOLLY	Address	# 208				
	HOUVIDD -	F 33020					
	HOLLYWOOD.	City/State and Zip Coc	ie				
	DLR CORP & L E-mail address: (10L.COM			113 SH	202	
	E-mail address: (to be used for future annu	al report notification	on)	ALI ALI	2 H.	Ŧį.
For further information co	oncerning this matter, please c	ali:			<u>≯</u> ;;;	022 MAR 17	0.00.2 0.723
JULIO C. DELCO	es Rios	at (<i>95</i> 4)	816.411	9	28 SE 10 E		
Name of	Person	Area Code	Daytime Tele	ephone Number	SECRE DARY OF STATE	AM II: 28	J
Enclosed is a check for th	e following amount:						
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is		Certified (of Status		
<u>Mailing Address</u> Registration S			Address: stration Section	n			
Division of Co		_	ion of Corpora				
P.O. Box 632	-		Centre of Talla				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on	11/16/2017 and assigned
Florida document number <u>L 17000 2371 77</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2027 TE 2027
	ACC HA
	A TO STATE OF THE
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	on A
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	F 0
	cords, <u>enter the name of the new registe</u>
	cords, <u>enter the name of the new registe</u>
	cords, <u>enter the name of the new registe</u>
B. If amending the registered agent and/or registered office address on our register and/or the new registered office address here: Name of New Registered Agent:	cords, enter the name of the new registe

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida ___

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>	Name	Address	Type of Action
MGR	GIOVANNA AREVALO	2500 HOLLYWOOD BLYD	□ Add
		SUITE 402	X Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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Effective da	date is usted, the date inserted in	an the date of f date must be specifi this block does in the Department	c and cannot t not meet the	æ prior to da applicable	te of fiting or	more than yo		filing.) Purs		
Note: If the	effective date of							The 90t	h day a	fter the
Note: If the document's of the record spec		effective date, bu	t not an effec	ctive time,	at 12:01 a.n	n, on the ear	lier of: (b)			
Note: If the document's of the record spectord is filed.	cifies a delayed o	_	t not an effec	ctive time,	at 12:01 a.n	n. on the car	lier of: (b)			
Note: If the document's of the record spectord is filed.		_	5							

Typed or printed name of signee