

W17 000 249905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

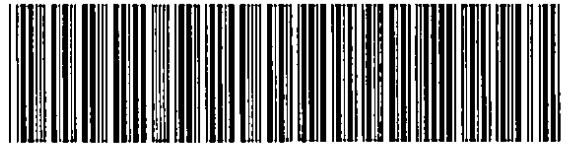
Special Instructions to Filing Officer:

Q. SILAS

MAK 14 2022

3/3/22

Office Use Only



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01/03/22--01010--014 \*\*30.00

FILED  
2022 MAR -3 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 MAR -3 AM 7:43

SECRETARY OF STATE  
TALLAHASSEE, FL

January 18, 2022

BRICE MCPHERSON  
209 S. 2ND ST  
SUITE 1  
FLAGLER BEACH, FL 32136

SUBJECT: FORTIS WORKSHOP, LLC  
Ref. Number: L17000249905

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

L20000060040-FLORIDA WORKSHOP, LLC

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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) 245-6050.



February 28th, 2022

FLORIDA DEPARTMENT OF STATE  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
THE CENTER OF TALLAHASSEE  
2415 N. MONROE STREET, SUITE 810  
TALLAHASSEE, FL 32303

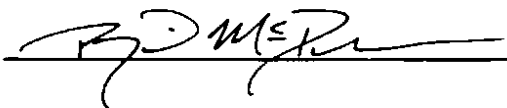
SUBJECT: RELEASING FLORIDA WORKSHOP, LLC. TO FORTIS WORKSHOP, LLC.

We have received our returned document sent on January 18th, 2022 stating that our check has been accepted but our initial document has not been filed due to the name is the same as an administratively dissolved/revoked entity.

In this returned document it explains that the administrative dissolved/revoked entity (Florida Workshop, LLC.) would need to provide the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for the use to another entity (Fortis Workshop, LLC.).

This is Florida Workshop's letter stating that Florida Workshop, LLC. has no intention of reinstating, therefore releasing the name for use to Fortis Workshop, LLC.

Printed Name of Co-Owner and MMGR: BRICE MCPHERSON

Signed Name of Co-Owner and MMGR: 

Date: 02/28/22

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fortis Workshop, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brice McPherson

Name of Person

Fortis Workshop

Firm/Company

209 S. 2nd St. Suite 1

Address

Flagler Beach, FL 32136

City/State and Zip Code

made@fortisworkshop.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brice McPherson

Name of Person

at ( 386 ) 793-3178

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2022 MAR -3 AM 8:11

Fortis Workshop, LLC.

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

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/15/2021 and assigned  
Florida document number L17000249905.

This amendment is submitted to amend the following:

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

Florida Workshop L.L.C.

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)**

209 S. 2nd St. Suite 1

Flagler Beach, FL 32136

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

209 S. 2nd St. Suite 1

Flagler Beach, FL 32136

**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:

*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**

[illegible]

[illegible]

(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 605.0207 (3)(b)

Dated December 28<sup>th</sup>. 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee