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COVER LETTER

Divi	ision of Corp	orations				
SUBJECT:	FORTE REAL ESTATE GROUP LLC					
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Gino Forte				
			Name of Person			
		FORTE REAL ESTATE O	GROUP LLC			
15509 Miami Lakeway N, # 104						
			Address			
		Miami Lakes, FL, 33014				
			City/State and Zip Code			
		forterealestategroup@outlo				
		E-mail address: (to be used for future annual report not	ification)		
For further in	nformation co	ncerning this matter, please ca	all:			
Gino Forte 305 7853441						
	Name of	Person	Area Code Daytin	ne Telephone Number		
Enclosed is a	check for the	e following amount:				
■ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

FORTE REAL ESTATE GROUP LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$ Florida document number $\frac{118000054254}{2}$	2/28/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	<u>ere</u> :
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)	
	<u> </u>
	46 FG TH
Enter new mailing address, if applicable:	20 m
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	26 1 5
	₹20
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	rida street address

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	Gino Forte	15509 Miami Lakeway N, # 104	
			Add
		Miami Lakes, FL, 33014	☐ Remove
			Remove
			☐ Change
			🗆 Add
		•	☐ Remove
			Change
			SE Add SE Add Remove
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ective date, if other than the oneffective date is listed, the date must	late of filing: be specific and cannot be	prior to date of filing	or more than 90 day	(optional) vs. after filing.) Pursua	nt to 605.020
te: If the date inserted in this blo cument's effective date on the De	ck does not meet the a	plicable statutory	filing requiremen	ts, this date will no	t be listed a
record specifies a delayed The 90th day after the reco	effective date, but rd is filed.	: not an effecti	ve time, at 12	:01 a.m. on the	e earlier o
ed	2018	·			
	CAL	<u>y</u>			

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Typed or printed name of signee

Filing Fee: \$25.00