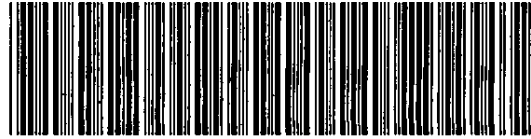


L18000054858



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03/23/18--01008--014 **60.00

(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:

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TALLAHASSEE, FLORIDA

K. SALY
APR 9 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THCHE FORTUNE 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:

NAZEERA DUPOUX
Name of Person
DAVIE ACCOUNTING & ASSOCIATES
Firm/Company
3627 DAVIE BLVD
Address
FORT LAUDERDALE, FLORIDA 33312
City/State and Zip Code
davieacct@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NAZEERA DUPOUX at 954 791-6671
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED
18 APR -5 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THCHE FORTUNE 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 03/01/2018 and assigned Florida document number L18000054858.

This amendment is submitted to amend the following:

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

TYCHE FORTUNE 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:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

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:

NA

New Registered Office Address:

NA

Enter Florida street address

NA

Florida NA

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>	<u>Type of Action</u>
NA	NA	NA	<input type="checkbox"/> Add
		NA	<input type="checkbox"/> Remove
		NA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FALL RIVER, MASSACHUSETTS

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

NONE

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 03/13/2018 (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.) Pursuant 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MARCH 12 2018

Olger Solano

Signature of a member or authorized representative of a member

Olger Solano

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2018

DAVIE ACCOUNTING & ASSOCIATES
NAZEERA DUPOUX
3627 DAVIE BLVD
FORT LAUDERDALE, FL 33312

SUBJECT: THCHE FORTUNE LLC
Ref. Number: L18000054858

We have received your document for THCHE FORTUNE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 018A00006008

RECEIVED

2018 APR -5 AM 11:38

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA