118000174531

| (| 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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S. PRATHER

COVER LETTER

| | ation Section n of Corporations | | | | |
|-------------------|------------------------------------|---------------------------------------|---|-----------------------|---|
| SUBJECT: | FORTEM | INTERN | IATIONAL | LLC | |
| | | Name of Limit | ATIONAL ed Liability Company | y | |
| The enclosed Ar | ticles of Amendment and | fee(s) are subm | nitted for filing. | | |
| Please return all | correspondence concernit | g this matter to | the following: | | |
| | | Richard | J. P. BE | LLINGER | <u></u> |
| | | | Name of Persor | 1 | |
| | Fa | rtem I | nternation Firm/Company | od LLC | |
| | | · · · · · · · · · · · · · · · · · · · | Firm/Company | , | |
| | 11143 | - Land | s End C | hase | |
| | | | Address | | |
| | Port | Saint L | UCIE Flor | ida 34 | 1986 |
| | | | • | | |
| | belling | er @ Fo | rteminterna | ational. C | .om |
| | <i>Y</i> - | mail address: (to | be used for future ar | inual report notifica | ation) |
| For further infor | mation concerning this ma | tter, please cal | l: | | |
| Richard | P. Bellinger Name of Person | ~ | at (<u>561</u> | 309-6 | 078 |
| | Name of Person | | Area Code | Daytime 1 | elephone Number |
| Enclosed is a ch | eck for the following amor | ınt: | | | |
| ₩ \$25.00 Filin | | ng Fee & e of Status | ☐ \$55.00 Filing Certified Cop (additional copy | у | ☐ \$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

| Fortem Inter | | |
|--|---|--------------------|
| (<u>Name of the Limited Liabi</u> (A Florid | lity Company as it now appears on our records.) da Limited Liability Company) | |
| The Articles of Organization for this Limited Liability | Company were filed on July 19 2018 | and assigned |
| Florida document number <u>L 18000174531</u> | | , |
| This amendment is submitted to amend the following: | | |
| | | :5 |
| A. If amending name, enter the new name of the lin The new name must be distinguishable and contain the words "Lin | nited liability company here: | - 3 |
| The state of the s | and a finishing of the second | <u> </u> |
| the new name must be distinguishable and contain the words. Life | miled Liability Company, the designation LLC of the apt | reviation. L.L.C. |
| Enter new principal offices address, if applicable: | | <u> </u> |
| (Principal office address MUST BE A STREET ADD | ORESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad- | | the name of the no |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | <u> </u> |
| | , 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------------|---|----------------|
| MGR | Richard Bellinger | 11145 Lands End Chase Port Saint Lucie, FL 34986 | |
| | | | Remove |
| | | | Change |
| MGR | Bellinger Investments, Ltd. | 11145 Lands End Chase Port Saint Lucie, FL 34986 | XAdd |
| | | · · · · · · · · · · · · · · · · · · · | Remove |
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|). If am€ | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an eff | ive date, if other than the date of filing: |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| Dated | July 20 . 2018 . |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member . |
| | Richard P. Bellinger Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00