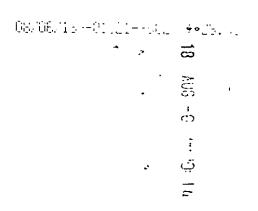


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S. PRATHER

COVER LETTER

TO: Registration Section Division of Corpor			
subject: Fortun	e Dwellings	LL C ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Jessica (Hermon +	
		Name of Person	
		Firm/Company	
	8505 Sa	ndpiper Riage H	tu-c
	Tamp	City/State and Zip Code	
-	E-mail address: (t	tymant 8040 Mahoo o be used for future annual report notif	.Com
For further information conc			
Ussica Ci		at (773) 458 - Daytime	0947 Telephone Number
Enclosed is a check for the f	ollowing amount:		
S25.00 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:

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF		4.0
(Name of the Limited Liability Company) (A Florida Limited Liability Company)	v as it now appears on our records.)	- C 14
The Articles of Organization for this Limited Liability Company w Florida document number <u>L18000180144</u>	vere filed on 7 26 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	·	bbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		the name of the new
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
		 	Change
			
		 	□ Remove
			Change
			
			□ Remove
			Change
			Remove
			Change

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in 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 0
nte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	
seument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of The 90th day after the record is filed.	on the earlier
nted July 27 . 2018.	
1 0 •	. •
Signature of a member or authorized representative of a member	ಹ
Signature of a member or authorized representative of a member	: -
Jessica Cierment Typed or printed name of signee	1

Filing Fee: \$25.00