LI8000243317

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(Address)
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(City/State/Zip/Phone #)
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AUG 1 5 2020 S. YOUNG

COVER LETTER

	gistration Sect vision of Corp							
cun ic <i>c</i> t.	Fortune Hous	se 1611 LLC						
SUBJECT:		Name of Lim	ited Liability Company					
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.					
Please return	n all correspon	dence concerning this matter	to the following:					
		Suad Yidios						
			Name of Person					
	Fortune House 1611 LLC							
Firm/Company								
	848 Brickell Avenue Suite 617							
		Address						
		Miami FL 33131						
		City/State and Zip Code						
		jcastro@finsolcorp.com	to be used for future annual repor	t notification)				
For further i	nformation cor	ncerning this matter, please ca	•	(notification)				
Suad Yidio	s	305 300-1681 at ()		31				
	Name of Person Area Code Daytime Telephone Numb			aytime Telephone Number				
Enclosed is	a check for the	following amount:						
\$25.00 1	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:

TO:

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

Fortune House 1611 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number _L18000243317 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address City

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

Title	<u>Name</u>	Address	Type of Action
AMBR	De Jesus Velez Magola	848 Brickell Avenue	
		Suite 617	
		Miami, FL 33131	☐ Change
			□ Add
			□ Remove
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			Add
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		<u></u>	□ Remove
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ective date, if other than the effective date is listed, the date mule: If the date inserted in this burnent's effective date on the I	e date of filing: ust be specific and cannot slock does not meet the	he applicable st	of filing or more tha atutory filing requ	(optional) n 90 days after filing.) irements, this date w	Pursuant to 605.02 ill not be listed :
record specifies a delaye ne 90th day after the re	d effective date, cord is filed.	but not an	effective time,	at 12:01 a.m. o	n the earlier
ed	200	20			
		 ·			
—					
	Signature of a member	er or authorized	enrecentative of a m	ember.	···

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Filing Fee: \$25.00