Florida Department of state

Division of Corporations

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(((H210001223403)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : 120200000130 Phone : (954)345-7888

Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.!

Smail.	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIRTU & FORTUNA REAL ESTATE INVESTMENTS LLC

Certificate of Status	0
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2021 MAR 2

Electronic Filing Menu

Corporate Filing Menu

Hell In

To: 18506176383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIRTO & FORTUNA REAL ESTAT		e as it now appears on o ability Company)	ir records.)		
The Articles of Organization for this Limited Liab Florida document number 1.19000023787		vere filed on 01/22/20	019	and assigne	:d
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limited liabili	ity company here:		2021 HA SECRE	
The new name must be distinguishable and contain the word	ls ';Limited Liabilit	y Company," the designa	tion "LLC" or the ab		der and a
Enter new principal offices address, if applicab	de:	1549 NE 123RD ST		<u> </u>	
(Principal office address MUST BE A STREET		NORTH MIAMI, FL	33161	PH 4	
				PM 4: 4	
The address if anniously		1549 NE 123RD ST		1.,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BY	2 <u>X)</u>	NORTH MIAMI, FL	33161		·
B. If amending the registered agent and/or registered agent and/or the new registered office	registered off ce address here:	ice address on our	records, enter	the name of	the new
Name of New Registered Agent:	ACCOUNTANT	& MANAGEMENT,	INC.		
New Registered Office Address:	1549 NE 123RD				
		Enter Florida sti			
	NORTH MIAM	l	Florida <u>33</u>	161	
		City		Zip Code	
New Registered Agent's Signature, if changing Re-	gistered 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 Begistered Agent, Signature of New Registered Agent

Page 1 of 3

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H210001223403

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

To: 18506176383

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LEONARDO GUEDES VIANNA	1549 NE 123RD ST	DbA
		NORTH MIAMI, FL 33161	□ Remove
AMBR	DEBORA NISHIWAKI VIANNA	1549 NE 123RD ST	D Add
		NORTH MIAMIA, FL 33161	S D D D D D D D D D D D D D D D D D D D
AMBR	MARIA V NISHIWAKI VIANNA		D Change
		1549 NE 123RD ST NORTH MIAMIA, FL 33161	Add F
		NORTH WINIMIN, I'E 35101	Remove
	_		Add
			☐ Remove
			Change
			DAdd
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			D Add
			□ Remove
			Change

To: 18506176383

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If amending any other information, enter change(s) here: (Auacl	i adaitional sheets, if necessary.)	
		
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of I Note: If the date inserted in this block does not meet the applicable statul document's effective date on the Department of State's records.	(optional) Tling or more than 90 days after filing. J Pursuant tory filing requirements, this date will not be	ιω 605.0207 (be listed as th
ne record specifies a delayed effective date, but not an efforthe 90th day after the record is filed.	ective time, at 12:01 a.m. on the	earlier of:
Dated MARCH 25TH 2021 .		
A.		
Signature of a member or authorized repr	esentative of a member	
MOSES NA	E	
Typed or printed name of		

Page 3 of 3