2/22/2019

Division of Corporations

Note: Please print this page and use it as a cover-sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000615703)))



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	Division of Corporations Fax Number : (850)617-6383	,::- r
	Tax Number . (030)017-0303 C	ης: 130
From:	ان با	ار من ا
	Account Name : EXPRESS CORPORATE FILING SERVICE INC.	
	Account Number : I2000000146 F	Γ.,
	Phone : (305)444-4994 Fax Number : (305)444-4977	•
	the email address for this business entity to be used for futu nual report mailings. Enter only one email address please.**	īue
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Electronic Filing Menu

Corporate Filing Menu

Help

S. PRATHER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	red Liability Compa (A Florida Limited)	ny as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited L Florida document number L19000043624	iability Company	were filed on February	13, 2019	and assi	gned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company here:			
Mighty Firtress Five LLC					
The new name must be distinguishable and contain the	verds "Limited Liabi	lity Company," the designati	on "LLC" or the ab		
Enter new principal offices address, if appli-	enble:	1950 S Ocean Drive	•		}
(Principal office address MUST BE A STREET AD)		Lower Lobby			
Trincipia Office data con signal Region and an arrival		Hallandale, FL 33009		2	
					~
Enter new mailing address, if applicable:					₽
Mailing address MAY BE A POST OFFICE	BOX)			1100	က <u>်</u>
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B. If amending the registered agent and registered agent and/or the new registered of			records, enter	the name	of the
Name of New Registered Agent:	A C M T Grou	p Inc			
New Registered Office Address:	221 Aragon Av		···		
		Enter Florida stre	et address		
	Coral Gables		, Florida ³³	134	
		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

Title	Name	Address	Type of Action
AP	Danila G Gullerian	1950 S Ocean Drive	
		Lower Lobby	
		Edire. Ediby	☐ Remove
		Hallandale, FL 33009	
			■ Change
АP	Claudia G Khatcherian	1950 S Ocean Drive	
		Lower Lobby	=5
		Hallandale, FL 33009	☐ Remove
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2. Effective date, if other than the	e date of filing:		(optio	nal)		
Note: If the date inserted in this b	clock does not meet the	applicable statutory fil	more than 90 days efter f ing requirements, this	iling.) Pursua date wili no:	nt to 605.1 Lbe liste	0207 (3) d as the
document's effective date on the l	Department of State's 1	ecords.				
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	Signature of a member	or authorized representativ	e of a member	AS	2 2	Sec.
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Mylene Astencio				111 -111	7	

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Filing Fee: \$25.00