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(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone #)					
PICK-UP	☐ WAIT ☐ MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
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COVER LETTER

Division of Corporations
SUBJECT: Forture Consulting Aventura Lic Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ricardo Alternan Name of Person
Tranner Cupital Partners Firm/Company
10185 Collins Avenue #318 Address
Bal Harbour CL 33154 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ricardo Aftennon at (786) 367-1643 Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

🕱 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

TO:

Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	une of the limited liability company: Fortuna	Consu	ilting /	Aventura	uc.
				s Collin	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of	Timited liability company:
	Ap+ 318		#3	18	
	Bal Harbour, FL 33154		Bal	Harbour,	EL 33154
	June 11, 2020	.	L20	0001615	32
3.	Date of filing/registration in Florida	4.		Document nun	nber
5 (a)	Yosef Shucdel				
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida [Dept. of Sta	te [.]	
	20803 Biscoyne Blud				
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		_	
	4 = Floor				
	Aventura FL	つつしゃ	<u> </u>	_	2
	prentura , FL.				SE SE
<i>a</i> .	Ricardo Aitenman				FILED MID: 06 SECRETARY OF STATE
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addi	ress:	_	一点
			<u> </u>		
	10185 Collins Avenue				75 7
	NEW Registered Office Address:			_	
	+318				ST.
	1 3 10			_	•
	Bal Harbour FL	331	54	.	
If tha l	imited liability company is not organized under the law	us of the S	tate of Fl	lorida it is herel	by confirmed that after the
change	or changes are made, the Florida street address of the	registered	l office ar	id the business of	office of the registered
agent v	will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o	bility con f the limit	ipany, it i ed liabili	is hereby confin ty company or a	med that the change(s) as otherwise provided in
the art	icles of organization or the operating agreement of the	limited lia	ibility cor	npany.	is one more provided in
		F	licord	Aîzenm Printed or typed	an
Signa	ture of a member or authorized representative of a member		1.	Printed or typed	name of signee
provis the ob- to mer	hy accept the appointment as registered agent and agra ions of all statutes relative to the proper and complete p ligations of my postton as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	performa	ice of my	duties and Lan	n familiar with and accept
Signati	re of Registered Agent				