

L20 000168302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

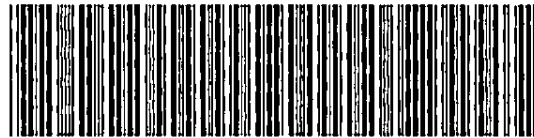
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2020 DEC 15 PM 6:35

JAN 29 2021

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORTIS B LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILKO GRBIC

Name of Person

FORTIS B LLC

Firm/Company

17121 COLLINS AV. 3404

Address

SUNNY ISLE - 33160

City/State and Zip Code

grbicmilko@gmail.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

MILKO GRBIC

786 6509093

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FORTIS B LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUNE 17 2020 and assigned
Florida document number L20000168302.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FORTIS B LLC

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:

17121 COLLINS AV. 3404

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISLE - FL - 33160

Enter new mailing address, if applicable:

17121 COLLINS AV. 3404

(Mailing address MAY BE A POST OFFICE BOX)

SUNNY ISLE - FL - 33160

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:

PENINSULA 2705 LLC

New Registered Office Address:

17121 COLLINS AV. 3404

Enter Florida street address

SUNNY ISLE

City

Florida 33160

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.

MALIKO GRBAC

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>	<u>Address</u>	<u>Type of Action</u>
MGR	PENINSULA 2705 LLC	17121 COLLINS AV. 3404 SUNNY ISLE FL 33160	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BENRA GROUP INC		<input type="checkbox"/> Add
		1882 TYLER STREET HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ADD: REGISTER AGENT SIGNATURE (MILKO GRBIC)

REMOVE: REGISTER AGENT SIGNATURE (MARTIN SAIDON)

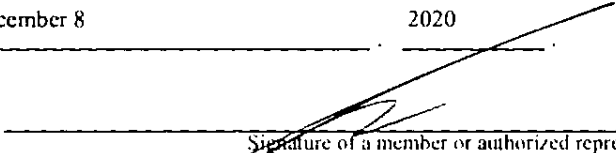
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 8 2020



Signature of a member or authorized representative of a member

MARTIN SAIDON DANNEN BEHIA 61201 746

Typed or printed name of signee

Filing Fee: \$25.00