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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Co	porations		, , , ,
	CLEANING SERVICES, LI	.C	
SUBJECT:	Name of Lin	nited Liability Company	<u>.                                    </u>
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	THAIS CRISTINA M C F	FORTUNA	
	#816	Name of Person	
	FORTUNA CLEANING	SERVICES LLC	
		Firm/Company	<del></del>
	8300 PLAZA GATE LN	APT- 1093	
		Address	
	JACKSONVILLE FL 322	17	
		City/State and Zip Code	
	COMERCIALGOI@HOTN		
	E-mail address: (	to be used for future annual report noti	ification)
For further information c	oncerning this matter, please c	all:	
THAIS CRISTINA M C	FORTUNA	904 442-3948 at ( )	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	•
Registration S Division of C		Registration Sec	
P.O. Box 632	•	Division of Cor	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORTUNA CLEANING SERVICES LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
he Articles of Organization for this Limited Liability Company were filed on	1/2020 and assigned
lorida document number L20000285122	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here	<u>e</u> :
ORTUNA GENERAL SERVICES LLC	
ne new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	2021 SEC 177
Principal office address MUST BE A STREET ADDRESS)	
	N water
	SC ≥ 17
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	

## 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.

City

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>	Address	Type of Action
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			□Remove
			□Change
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an effective date is listed, the date	must be specific and	cannot be prior to d	ate of filing or more tha	(optio on 90 days after t	filina \ P	ursuant te	605.020
ote: If the date inserted in the ocument's effective date on the	is block does not make Department of St	eet the applicable ate's records.	statutory filing requ	airements, this	date wi	II not be	: listed a
ecord specifies a delayed effer is filed.	ctive date, but not a	an effective time,	at 12:01 a.m. on the	carlier of: (b)	The 9	Oth day	after the
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