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(Req	uestor's Name)	·
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(City)	/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Se Division of Cor	ction porations		
503 Fairvie	w LLC		
SUBJECT:	Name of Limi	ited Linbility Company	
	Amendment and fee(s) are sub-		
	Kimberly J Schneider		
		Name of Person	
	Fortress Capital Note Acqu	nisitions LLC	
		Firm/Company	
	PO Box 1014 Clearwater, I	F1.33757	
		Address	
		- 17: C 1	
	kim@fortressen.com	City/State and Zip Code	
	E-mail address: ((to be used for hiture annual report notification)	
For further information c	oncerning this matter, please c	tall:	
Kimberly J Schneider		801 712-0127	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:		
S25.00 Hilling Fee	S30.00 Filing Fee & Certificate of Status	(1 \$55.00 Filling Fee & Certificate Of Status & Certificate Copy (additional copy is enclosed) S60.00 Filling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

503 Fairview Rd LLC				
(Name of the Limite	d Liability Compa A Florida Limited	any as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited Lie Florida document number	ability Company	were filed on	and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited list	ility company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applica	ible:	503 Fairview Rd		
(Principal office address MUST BE A STREET		Belleair, FL 33756		- -
				_
Enter new mailing address, if applicable:		PO Box 1014		
(Mailing address MAY BE A POST OFFICE BOX)		Clearwater, FL 33757		-
				_
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:			nter the name of the new registe	ered
New Registered Office Address:	503 Fairview R	d		-
A W Kegistered White Midgless.	-	Enter Florido street a	 :-:	_
	Belleair		, Florida 33756 Zip Code	
S. D			Lip Code	(y
New Registered Agent's Signature, if changing Ro			921	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete vered agent as p vgistered office	performance of my dutie provided for in Chapter 6	s, and I am familiar with ra nd 05, F.S. Or, if this document is	****
	Doc J	u.Signed by	3/26/2021	Ū
	II Chan	ging Registered Agent, Signat	are 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	<u>Name</u>	Address	Type of Action
Mgr	Kimberly J Schneider	503 Fairs iew Rd Bellesir, FL 33756	🖸 Add
			CiRemove
		. —	■Change
MGR	Michael Pugliese	3302 Grande Trail	⊡Add
		Locust Grove, GA 30248	Remove
			□ Change
MGR	Michael Oborn	114 N Fredrica Ave	
		Clearwater, FL 33755	≣ Remove
			☐ ☐ Change
			ClAdd
			[]Add
		<u> </u>	□ □ Realigne ∴
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ectí	03/10/2021 ve date, if other than the date of filing:
e (Fe	ctive 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 605,020
<u>ie:</u> ume	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
	•
	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
COFF	i apportage a agiated effective date, but this all effective time, at 12.01 B.M. On the extitet of, 191—196 your day after the
	rd.
s filo	
s filo	3/23/2021
s filo	Mile Abore
ecoro s file ed _	3/23/2021

Filing Fee: \$25.00