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COVER LETTER

TO: Registration Section Division of Corpora			
Forte	Towing	110	
SUBJECT: POPIC	Name of Limi	ted Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subt	nitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
_	Robert	o forte	
		Name of Person	
-	Fort	e Towns LLC Firm/Company	
		1	
_	247 E 6		
		Address	
	Hialeah	FL 33013 City/State and Zip Code	
-		City/State and Zip Code	
_	yelanera	to be used for future annual report not	ification)
	pe-man address: (incationy
For further information conce	rning this matter, please ca	all:	
Dahada K	1	at (786) 597	38.32
Name of Per	son		ne Telephone Number
Enclosed is a check for the fo	llowing amount:		
S, \$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)
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Mailing Address:		Street Address:	· · · · · · · · · · · · · · · · · · ·
Registration Sect		Registration Se	ection : U
Division of Corp P.O. Box 6327	orations	Division of Co The Centre of	
Tallahassee, FL	32314		be Street, Suite 810
rananassee, P.E.) <u> </u>	Tallahassee, F	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 21000025020	. 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	1201 w 79 st
Principal office address MUST BE A STREET ADDRESS)	Hialeah FC 33014.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a	1201 w 79 st Hialegh FL 33014. Address on our records, enter the name of the new registered
agent and/or the new registered office address here:	Ι Λ
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	AR 7
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
	E

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>	Type of Action
MGZ	Roberto Forte	1201 w 795t Hialeah FL 33014	🗖 Add
		Hialeah FL 33014	□ Remove
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amending any other	mioi mation, enter c	mange(s) nere.	And Hadilond	. 3/10013, sy 1100003	· 	
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an effective date is listed, the lote: If the date inserted	ne date must be specific ar I in this block does not	nd cannot be prior to o meet the applicabl	late of filing or more e statutory filing re	than 90 days after in equirements, this o	iate will not be listed	d a
ocument's effective date	on the Department of	State's records.			48 23	
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record specifies a delayed is filed.	ed effective date, but no	ot an effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	ф¢)
				4	# II	•
ated March	. 19	, 2031			_	
			,			
	Signature of a	n member or authoriz	ed representative of	a member		
	- ,	1 -1	-			
	Vober	Typed or printed in				