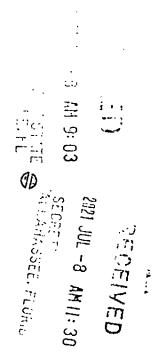
# 121000136361

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(City, City,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/08/2021		<b>⇔</b> WALK
ENTITY NAME Fortuna	Asset Recovery LLC	
OOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN**	
XXXX	Plain Copy	
<del></del>	Certified Copy	
	Certificate of Status	
	CEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
OUNTRY OF DESTINATION	DN	
UMBER OF CERTIFICATI	ES REQUESTED	_
OTAL OWED \$25.00	ACCOUNT #: I20160000072	
	S. R. FM	

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fortuna Asset Recovery 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 03/23/2021 \_\_\_ and assigned Florida document number L21000136361 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) 7972 Pines Blvd #245788 Enter new mailing address, if applicable: Pembroke Pines, FL 33024 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address \_, Florida \_

#### 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.

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
			ÜAdd
			□Remove
			□Change
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 July 8th 2021 IS/LILIAN Y SANCHEZ Signature of a member or authorized representative of a member LILIAN Y SANCHEZ Typed or printed name of signee

Filing Fee: \$25.00