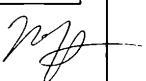
121000517383

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:







500392598535

08/45/22--01022--011 **80.00

22 AUG 15 AM II: 30

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: 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:	
Dan el R. Wusser Name of Person	
Name of Person Forting Company Phon US HINY 192 Lot 311 Address Clarmont, FL, 34714 City/State and Zip Code Drusser a Liberty, edu E-mail address: (to be used for future annual report notification)	22 AUG 15 AM II: 30
For further information concerning this matter, please call: Dover Masser at (131/) 515 4556 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: S525.00 Filing Fee	of Status &

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

Fortingrissa LLC			
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on eled Liability Company)	our records.)	-
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000 517383</u> .	any were filed on12	2-5-21 and a	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited line of the line of		ntion "LLC" or the abbreviation	L.L.C."
Enter new principal offices address, if applicable:		22	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		aug -	<u> </u>
Enter new mailing address, if applicable:		5 AH 11: 31	0000 0000 0000 0000 0000 0000 0000 0000 0000
(Mailing address MAY BE A POST OFFICE BOX)			<u>क्र</u>
B. If amending the registered agent and/or registered office address here:	ce address on our record	ls, enter the name of the n	iew registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet address	
		, Florida	
	City	Zip Coo	le

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 a 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u></u>	🗀 Add
			□Remove
			□Change
			Remove
			2
			Remove 22 AUG TS AHTT: 30
			Change
			Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change

-							
		<u> </u>		·			
		·			•	22	il William
	<u> </u>			···· <u>·</u> .		PAUG	101.00 101.00 101.00
							-6.7.
						3	
						<u>=</u>	전도 전 <u>도</u>
						3 0	<u> </u>
		<u> </u>					
							
fective date, if oth	er than the date of fi	iling:			(ontional)		
ite: If the date inser	ter than the date of fi d, the date must be specific rted in this block does n	iot meet the appl	icable statutory	g or more than 90 filing requirem	days after filing.) ents, this date v	Pursuant to will not be	605.02 listed
cument's effective (date on the Department	of State's record	is.				
is filed	layed effective date, but			a.m. on the earl	er of: (b) The	90th day	after th
ted <u>08</u> -	10-32		·				
	✓.	() (h	0				
	T) me	$X \sim 11$					
ated	Signature o	of a member or au	thorized represen	tative of a membe	er		_