## h22000236782

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SECRETARY OF STATE TALLAHASSEELFLORID

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2022 JUL 12 AM 8:

## **COVER LETTER**

	Registration Se Division of Cor				
oun Ibe		ood Seller, LLC			••
SUBJEC	I:	Name of Lim	nited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	um all correspo	indence concerning this matter	to the following:		
		ALEXANDRE V CUYAE	BANO ALVES		
			Name of Person		7. 29
FORTUNE GOOD SELLER LLC				7.E0	
			Firm/Company		2022 JUL 12 SECRETA'S TALLAPASS
230 SUNPORT LANE SUITE 500 OFFICE 123			***1 = \.		
			Address		
		ORLANDO, FL 32809			8: 2: Logic
		ana@akingroupusa.com	City/State and Zip Code		<u> </u>
For furthe	er information o	encerning this matter, please o	to be used for future annual	report notification)	
ANA BE	TT		407 61	6 6158	
	Name o	f Person	Area Code	Daytime Telephone Number	<del>ा</del>
Enclosed	is a check for t	ne following amount:			
<b>■ \$</b> 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end	Certific Certific Certific	ate of Status &
Ī	Mailing Addres Registration S Division of C	Section		ddress: ration Section on of Corporations	<b>%</b> )

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



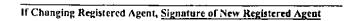
## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORTUNE GOOD SELLER LLC					
(Name of the Limited Liability Comp. (A Florida Limited	any as it now anucars on our record Liability Company)	ž')			
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000236782</u>	and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company "the designation "LLC"	" or the abbreviation "1   C "			
Enter new principal offices address, if applicable:	230 SUNPORT LANE SUITE 500 OFFICE 123				
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32809	29/22 1 A			
Enter new mailing address, if applicable:		CONTIARY CAHASSE			
(Mailing address MAY BE A POST OFFICE BOX)		AH 8: 2			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	Qr; ∞			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				

## 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



\_\_, Florida\_



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
MGR	ANA PAULA FARIAS ALVES	9100 ELAN CIRCLE APT 110	🗀 Add
		ORLANDO, FL 32836	=Remove
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Effective date, if other	l, the date must be spec	ific and cannot be pri	or to date of filing or a	(option or than 90 days after the control of the co	filing.) Pursuant to 605	5.0207
Note: If the date insert document's effective d	ted in this block does ate on the Departme	s not meet the app int of State's recon-	licable statutory fili is,	ng requirements, this	date will not be list	ted as
e record specifies a dela rd is filed.	iyed effective date, b	out not an effective	time, at 12:01 a.m	on the earlier of: (b)	The 90th day after	er the
David JULY 2ND		2022				
Dated		1 M	<del></del> -			

Filing Fee: \$25.00

Typed or printed name of signee