

L22000323526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

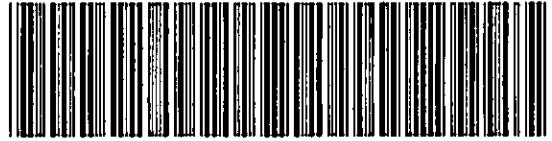
(Business Entity Name)

(Document Number)

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M. J. RIVERS  
111-510

A. RIVERS

MAR - 6 2023

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fort Multiservices, LLC  
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:

Rodney FORT Vega  
Name of Person

Fort Multiservices, LLC  
Firm/Company

2200 NE 3rd Ave  
Address

Cape Coral, FL 33909  
City/State and Zip Code

fortmultiservicesllc@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rodney FORT Vega at (786) 606-8347  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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)

**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

FORT Multiceservices, 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 07-21-2022 and assigned Florida document number L22000323526

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)

2200 NE 3rd Ave  
CAPE CORAL, FL 33909

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2200 NE 3rd Ave  
CAPE CORAL, FL 33909

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:

2200 NE 3rd Ave      2023 FEB 21 11:11 AM  
Enter Florida street address  
CAPE CORAL      Florida      33909  
City      Zip Code

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 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>	<u>Type of Action</u>
<u>MGR</u>	<u>Rodney FORT Vega</u>	<u>2200 NE 3rd Ave, Cape</u>	<input checked="" type="checkbox"/> Add
		<u>COZAL, FL 33909</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Mayrelys FORT</u>	<u>2200 NE 3rd Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Cape COZAL, FL 33909</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2023

RODNEY FORT VEGA  
20030 NW 63RD AVE  
HIALEAH, FL 33015

SUBJECT: FORT MULTISERVICES, LLC  
Ref. Number: L22000323526

We have received your document for FORT MULTISERVICES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 223A00003001

FILED  
2023 FEB 22 11:16  
TALLAHASSEE, FLORIDA

