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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Registration Section

| Divisio | n of Corp | oorations | | | |
|------------------------|--|-------------------------------|----------------------------------|--|--|
| SUBJECT: | FORTU | JNA GARAGE LLC | | | |
| | _ | Name of Lim | ited Liability Company | | |
| The unclosed Ard | tiolog of A | Amanda and Earla) are sub- | missed Co. Clin. | | |
| The eliciosed An | Name of Limited Liability Company melosed Articles of Amendment and fee(s) are submitted for filing. ### Print/Company MARIA BOTTAS | | | | |
| Please return all | correspor | ndence concerning this matter | to the following: | | |
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| | | | Name of Person | | |
| | | | SOUTH FLORIDA MP | | |
| | | | Firm/Company | DTTAS Son RIDA MP any AVE 4801 33129 ip Code COM | |
| 1643 BRICKELL AVE 4801 | | | | | |
| | | | Address | | |
| | | | MIAMI, FL 33129 | | |
| | | · | City/State and Zip Code | | |
| | | Condited decree 7 | | | |
| For further infori | nation co | | · | our cation) | |
| | MARIA | a Bottas | 205 | 205 1290 | |
| | | Person | | | |
| | | | | | |
| Enclosed is a che | ck for the | e following amount: | | | |
| □ \$25.00 Filing | g Fee | | Certified Copy | Certificate of Status & Certified Copy | |
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| - | | orporations | | | |
| P.O. B | ox 6327 | 1 | The Centre of | l'Tallahassee | |
| I allaha | assee, F | L 32314 | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ICLES OF ONGANIZATION | • | |
|-----------------------|----------|---|
| OF | ٠. | |
| | 2023 HAV | _ |

| F | ORTUNA GARAGE LLC | 2023 HAY -8 AH 7: 52 |
|---|--|---|
| (Name of the Limited I | iability Company as it now appears florida Limited Liability Company) | on our records.) |
| The Articles of Organization for this 1 inited 1 ish | lite Communication Studies | |
| The Articles of Organization for this Limited Liabil | my Company were filed on | 10/14/2022 and assigned |
| Florida document numberL22000443139 | • | |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability company her | ē: |
| The new name must be distinguishable and contain the words | "Limited Liability Company." the des | ignation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | |
| (Principal office address MUST BE A STREET A | DDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO. | <u>~~</u> | |
| | _ | |
| | | |
| B. If amending the registered agent and/or regis agent and/or the new registered office address he | stered office address on our rec | cords, enter the name of the new register |
| agent and/or the new registered office address in | ere. | |
| Name of New Registered Agent: | | |
| - | | |
| New Registered Office Address: | Enter Floria | la street address |
| | | Planed a |
| - | City | Florida 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 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 |
|--------------|---------------------------|--|----------------|
| MGRM | FLORIDA INVEST GROUP LTD. | 8950 S.W. 74TH CT. SUITE 1606 MIAMI, FL 33156 | □Add |
| | | | ⊠Remove |
| | | | |
| MGRM ——— | MARIA EUGENIA BOTTAS | 1643 BRICKELL AVE 4801 MIAMI, FL 33129 | \ XAdd |
| | | | □Remove |
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| Effective | e date, if other than ive date is listed, the date | t the date of fili | ing: | . dots of Glina or = | (opti | onal) | 15 NONT . 2 |
| <u>Note:</u> If | the date inserted in th | iis block does noi | t meet the applical | ole statutory filin | g requirements, thi | s date will not be lis | sted as the |
| document | t's effective date on t | he Department of | f State's records. | | | | |
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| the record s | pecifies a delayed eff | ective date, but n | ot an effective tin | ie, at 12:01 a.m. | on the earlier of: (b |) The 90th day aft | er the |
| ord is filed | | | | | | | |
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| Dated | | | | 7. 1 | ∀ 7. \ | | |
| Dated | | | | | 0 | | |
| Dated | | Signature of | a member or author | ized representative | of a member | | |
| Dated | | Signature of | | ized representative | of a member | | |