L23000029820

(Requestor's Name)
(Address)
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(,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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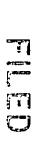
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp				
FORTE	US ENTERPRISES LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.		
	ndence concerning this matter t			
	ANKUR GARG			
		Name of Person		
		Firm/Company		
	10018 SERENE WATERS	(T		
		Address		
	ORLANDO FL 32836			/0 8
	FORTEUSLLC@GMAIL.C			2023 FEB -9 PH 12: 14 SUCK AND OF STATE TALL SEE, FL
C. C. ab information a		to be used for future annual	report notification)	B - 9
ANKUR GARG	oncerning this matter, please ca		l30025	3-9 PH12
	î Person	at () Area Code	Daytime Telephone	Number 2:
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en-	closed) (60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addres Registration	Section		ration Section	·
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORTEUS ENTERPRISES LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compan 1.23000029820	y were filed on01/17/20	023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designatio	n "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
			-2-
			23 T
Enter new mailing address, if applicable:			E = E
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u> </u>
		ing.	<u> </u>
		42-4 C. S. L.	2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records,	enter the name of	the new regis
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	t address	·
	raust Fightal Mice	44444 CO 7	
	City	Florida	Zip Code
	C (11)	· · · · · · · · · · · · · · · · · · ·	range without

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
AMBR	NSK VISION LLC	10018 SERENE WATERS CT, ORLANDO FL 32836	S _ ≘ Add
			_ □Remove
			_ 🗆 Change
			□Add
			Remove
		SECR.:	Change 23 FEAdd
		FL STATE	- HAdd -
			ts Change □Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□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. 02/04/2013 Dated _ Signature of a member or authorized representative of a member ANKUR GARG

Typed or printed name of signee