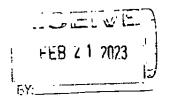
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(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

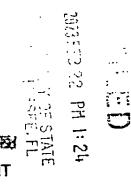
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R. HUNT

02/21/23

## **COVER LETTER**

.

TO: Registration Se Division of Cor			
SUBJECT:	Tochune Asse. Name of Lim	S Group LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		anni Roach Name of Person  Acsols (France)	110
	2213 g	Metropolitan Wn	- Car (1)
	0	Address	
	E-mail address: (	City/State and Zip Code  14 2 2 SSR - 5 9 (41) (1)  to be used for future innual report notifi	1.1
For further information c	oncerning this matter, please c	all:	
Giovani Name o	Roach FPerson		- 2991 Telephone Number
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 enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Corp	
P.O. Box 632	7	The Centre of Ta	allahassee
Tallahassee, I	*L 32314	2415 N. Monroc	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fortune Assets	Gioup LLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it how appears on our records.) Clability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23 coco53591</u> .	were filed on $O / 3c/2c23$ and assigned
This amendment is submitted to amend the following:	is on the second
A. If amending name, enter the new name of the limited liab  For type ASSE Good  The new name must be distinguishable and contain the words "Limited Liabileters".	uolla 24
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2213 Metropolilan Way Cilondo, FL 32839
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2213 Metropolilan Way Apt 133 Orlando, FL 32839
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	Biovenni Roach
New Registered Office Address: 2	Enter Florida street address
	Clardo Florida 32839  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>	Name	Address	Type of Action
AMBR	Giovanni Roach	Orlando, FL 32839	DAdd
		Oclundo, FL 32839	□Remove
			□Add
			□Remove
			□Change
			ED Add
			Remove
		SEE, FL	Photographic Change
			<b>2</b> 4 □ Add
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e: If the date inserted	han the date of filing e date must be specific and in this block does not m on the Department of Si	eet the applicable	ate of filing or more statutory filing re	than 90 days after quirements, this	iling.) Pui date will	rsuant to (   not be	605.02 listed
cord enucifies a delayer	d effective date, but not	an effective time,	at 12:01 a.m. on	he earlier of: (b)	The 90	)th day a	after th

Filing Fee: \$25.00

Tionann hoall Typed or printed name of signee