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(Re	equestor's Name)	·
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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SECRETARY OF STATE

VIN

COVER LETTER

Gru	po Forte LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Art	icles of Amendment and fec(s) are sul	omitted for filing.	
Please return all o	correspondence concerning this matter	to the following:	
	Carolina Panighini		
		Name of Person	
	Grupo Forte LLC		
		Firm/Company	
	1170 N Federal Hwy., Un		
	-	Address	
	Ft. Lauderdale, FL 33304		
		City/State and Zip Code	
	carolina@grupofortefl.com		
or further inform	nation concerning this matter, please c	(to be used for future annual report notificall):	ication)
Carolina Panighi	ni	954 817-8384 at ()	
-	Name of Person	Area Code Daytime	Telephone Number
Inclosed is a che	ck for the following amount:		
■ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclose

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

Grupo Forte 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 $\frac{5/31/2023}{2}$ and assigned Florida document number 1.23000264459 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Grupo Forte LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the hew registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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	<u>Address</u>	Type of Action
AMBR	MARTA GARIN	1170 N Federal Hwy.	□Add
		Unit #606	■Remove
		Ft. LAuderdale, Fl. 33304	□ Change
			□Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□ Add
			□Remove
			□Change

Carolina Panighini

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Effective date, (If an effective date Note: If the date document's effective date document's effective date.	inserted in this t	block does no	ot meet the ap	prior to date o	filing or more t utory filing re	dan 90 days af quirements, t	tional) der filing.) Purs his date will i	uant to 605,0207 not be listed as
e record specifies	a delayed effect	ve date, but r	not an effecti	ve time, at 1	2:01 a.m. on t	he earlier of:	(b) The 90t	h day after the
ord is filed.								

Filing Fee: \$25.00

Typed or printed name of signee