Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000117494 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972

Fax Number : (917)243-5843

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail	Address:		

## COR AMND/RESTATE/CORRECT OR O/D RESIGN FORTRESS MERCHANT SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

A RAMSEY

APR - 1. 2024

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

Articles of Amendment to Articles of Incorporation of

2024 HAR 29 BM 12- 16

(Name of Corporation as currently filed with the Florida Dept. of State)  PIGOOOB3090  (Document Number of Cerporation (if known))  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment is Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  FORTRESS FUNDING ROUP INC  The new name must be distinguishable and contain the word "corporation," "company," or "incurporated" or the abbreviation "Corp, "The." or "Co." A professional corporation name must contain the word "corporation or Corp, "The distinguishable and contain the word "corporation" or "Lo." A professional corporation name must contain the word "Corporated or "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MAY BE A STREET ADDRESS)  Litter new mailing address, if applicable:  (Muiling address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (De Code)  The position.	Enemacis	of	`	SE- BE TARY OF	STATE
(Florida street address)  (Document Number of Cerporation (if known)  (In a Articles of Incorporation:  (Florida profit Corporation adopts the following amendment of the profit	FUNITIONS ME	KCHANT S	·OLUTIONS	三正WESEE.	FLORENA
(Document Number of Corporation (if known)  Parsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment is Articles of Incorporation:  If amending name, enter the new name of the corporation:  FORTRESS FUNDING GROUP INC.  The new name must be distinguishable and contain the word "corporation." "company." or "incurporated" or the abbreviation "Corp." "chartered." "professional ossociation." or the abbreviation "Corp." or "Co." A professional corporation name must contain the word chartered." "professional ossociation." or the abbreviation "P.A."  Enter new principal office address, if applicable: "rincipal office address MUST BE A STREET ADDRESS."  Enter new mailing address. if applicable: (Mailing address in ANY BE A POST OFFICE BOX.)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  Registered Agent's Signature if charging Desired to the new registered Agent.  (City)  Registered Agent's Signature if charging Desired to the new registered Agent.  We Registered Agent's Signature if charging Desired to the new registered Agent.	P16000083	Thorston as currently	filed with the Flori	da Dept. of State)	
Arricles of Incorporation:  If amending name, enter the new name of the corporation:  FORTRESS FUNDING GROUP INC  The new amenus be distinguishable and contain the word "corporation." "company." or "incurporated" or the abbreviation "Corp." the." or "Co". A professional corporation name must contain the word corporation." "company." or "incurporated" or the abbreviation "Corp." the designation "Corp." "the." or "Co". A professional corporation name must contain the word chartered. ""professional association." or the abbreviation "P.A."  Enter new principal office address, if applicable: "rincipal office address MUST BE A STREET ADDRESS")  Enter new mailing address. If applicable: (Muiling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  Florida  (Civ)  Registered Office Address:  Florida  (Civ)  Registered Agent's Signature if sharring Being the first and the first address in Florida.  (Civ)	. ,00000837	<u> </u>			
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered agent and/or the new registered office address;  Name of New Registered Agent  New Registered Office Address:  Mexistered Agent's Signature if sharring Being in the corporation:  Inc., or incorporation, or the abstraction, or the abstraction or incorporation name must contain the word corporation association, or the abstraction of the word corporation name must contain the word chartered, projectional association, or the abstraction of the word corporation name must contain the word chartered. The new principal office address if applicable:  Principal office address MUST BE A STREET ADDRESS  Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  (Florida street address)  New Registered Office Address:  (City)  Registered Agent's Signature if sharring Being the signature is sharring Being the signature if sharring Being the signature is sharring Being the signature in sharring Being the signature is sharring Being the signature in sharring Being the signature is sharring Being the signature in sharring Being the signature is sharring and sharring Being the signature in sharring Being the signature is sharring and sharri					
TORTRESS FUNDING GROUP INC.  The new amenust be distinguishable and contain the word "corporation." "company." or "incurporated" or the abbreviation "Corp." the or Co., " or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word chartered." "professional ossociation." or the abbreviation "P.A."  Enter new principal office address, if applicable:  Principal office address httst he astronomy of the abbreviation of the address httst he astronomy of the address httst he astronomy of the address httst he are registered office address in Florida, enter the name of the new registered agent and/or registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)	Pursuant to the provisions of section 607.1006, is Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corpor	ation adopts the follo	wing amendment(s)
The new must be distinguishable and contain the word "corporation." "company." or "incurporated" or the abbreviation "Corp." "Inc." or "Co." A professional corporation name must contain the word chartered." "professional ossociation." or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address httst new that professional office address httst new mailing address. If applicable: (Muiling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new revistered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (City)  (City)  (City Code)	. If amending name, enter the new name o	f the corporation:		•	
Inc.," or Co., "or the designation "Corp." "Inc." or "Co". A professional corporation "Corp." chortered, "professional ossociation "Inc." or "Co". A professional corporation name must contain the word chortered, "professional ossociation," or the abbreviation "P.A."  Enter new principal office address, if applicable:  Principal office address of UST BE A STREET ADDRESS.)  Enter new mailing address if applicable:  (Muiling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:  Name of New Registered Agent  (Florida street address)  Acw Registered Office Address:  (Cio)  (Cio)  (Cip Code)	PORTRESS F	LINXING 6	PAUD T	- 10	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Elorida (Zip Code)	'Inc.," or Co.," or the designation "Corn"	ora corporation, "co	ompany," or "incorpore professional corpore	prated" or the abbrevi	The new atton "Corp", " attain the word
[If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  Acw Registered Office Address:  (City)  (City)  (City)  (Zip Code)	Enter new principal office address, if app Principal office address MUST BE A STREE	<u>licable:</u> TADDRESS )			· ·
[If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  Acw Registered Office Address:  (City)  (City)  (City)  (Zip Code)		·			
Maniform address MAY BE A POST OFFICE BOX     Maniform of the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:    Name of New Registered Agent				·····	
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (Zip Code)	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	TE BOX)			
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (City)  (Zip Code)					,
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (City)  (Zip Code)				·	
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (City)  (Zip Code)				<del></del>	
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (City)  (Zip Code)	If amending the registered agent and/or re	egistered office addre	ss in Florida, enter t	he name of the	
(Florida street address)  Acw Registered Office Address:  (City)  (City)  (Zip Code)	the new 149/18	tered office address:			
New Registered Office Address:  (City)  (City)  (Zip Code)  W Registered Agent's Signature, if charising Daries	Name of New Registered Agent	···		,	
New Registered Office Address: , Florida (City) (Zip Code)					<del></del> ,
New Registered Office Address:  (City)  (City)  (Zip Code)  W Registered Agent's Signature, if charising Daries		(Florida street	l address)		
w Registered Agent's Signature, if charing Davis	New Registered Office Address	·			
w Registered Agent's Signature, if charging there's		(C	ity		- 21: 23
w Registered Agent's Signature, if changing Registered Agent: creby accept the appointment as registered agent.—Lam familiar with and accept the obligations of the position.		•		. (24)	p Cone;
w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position		. ,			•
ereny accept the appointment as registered agent. I am familiar with and accept the obligations of the position	w Registered Agent's Signature, if changing	g Registered Agent;			
	ereny accept the appointment as registered ag	ent. I am familiar witt	h and accept the oblis	tailons of the position	1.
		•	•		
				*	
Control		View Children			
Signature of New Registered Agent, if changing	•	мкпаште of New Regi.	stered Agent, if chang	ing .	<del>-</del> .
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (a) F.S.				•	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the afficer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO - Chief Executive Officer: CFO - Chief Financial Officer: If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Dac, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example:

7 Change	<u>PT</u>	John I	<u>Doe</u>		•
X Remove	$\underline{\mathbf{v}}$	Mike-J	lones		•
X Add	<u>\$V</u> .	Sally S	<u>Smith</u>		
Type of Action (Check One)	Title		<u>Name</u>		Address
I) Change		_	•		
Add .					
Remove					
2) Change		<del></del>			
Add					
Remove Change		<del>-</del>			
Add					
Remove		- ,			
Change	<del></del>	<del>-</del>			
Add			· .		
Remove		ě		, <u>-</u>	
) Change		_			
Add				, -	
Remove				-	
) Change		-		٠ _	
—— Add			, ·	,-	
Remove					

•	ditional Articles necessary). (E	de specific)			**		
						<del></del>	
· · · · · · · · · · · · · · · · · · ·						•	
						<del></del>	
· · · · · · · · · · · · · · · · · · ·	<del></del>		·			_	
	···	<del></del> -		<del> </del>	<del></del>		
			<del></del>				
						<del>- ;</del>	
	·						
,				· · · · · · · · · · · · · · · · · · ·		<del> </del>	
	<del></del>	<del></del>				•	
		•					
		<del></del>		·			·
		<del></del>	<del></del>	····	·	<del></del>	
		•					
		<del></del>		<del></del>			
				<del></del>			
	<del></del>	<del></del>					
	····						
· · · · · · · · · · · · · · · · · · ·			·		<del></del>		
•							
n amendment provides  ovisions for implementi	for an exchange	, reclassificatio	u, or cancellat	ion of Issued	l shares.		
		ent if not conta	ined in the am	endment its	:If:		
	ate N/A)	•			<del>-</del>		
ovisions for implementing of not applicable, indicable,							
				<del></del>	·		
				<del>-</del>	<del></del> .	<del></del>	

The date of each amendment(s) adoption: 1/1/2024 date this document was signed.	if other than the
Effective date if applicable: 1/1/2024	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	·
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shar action was not required.	eholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated3/29/2024	
Signature	
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	•
MICHAEL 201ACOWO (Typed or printed name of person signing)	<del></del>
PRESINENT	. %.
(Title of person signing)	