L21000459022

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

TO:

Registration Section

Division of Cor	Division of Corporations		
CUDIFOT.	Porch	a 001 LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	R	losa Parra	
		Name of Person	·.
	Ро	rcha 001 LLC	
		Firm/Company	
	579 N State Rd 7		
		Address	
	Rove	al Palm Beach, FL	33411
		ol Palm Beach, FL City/State and Zip Code	<u> </u>
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	·	
Luban (luiceno	ar (561) 352 46	519
	f Person	at (<u>561</u>) <u>352 46</u> Area Code Daytim	e 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	<u>:s:</u>	Street Address:	
Registration :	Section	Registration Se	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	-
r.O. Box 032 Tallahassee			e Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Porch	ia 001 LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appea da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	10/21/2021	and assigned
Florida document number <u>L21000459022</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company h	ere:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the c	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			<u>. </u>
(Principal office address MUST BE A STREET ADL	ORESS)	-	ψ
Timesput Office duaress (1991			70
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here		ecords, enter the name	of the new register
Name of New Registered Agent:		 	
New Registered Office Address:	Enter Flo	rida street address	
		, Florida	
-	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>	<u>Name</u>	Address	Type of Action
MGR_	Luban Quiceno	579 N State Rd 7, Royal Polm Beac FL 33411	<u>h_</u> ■Add
			□Remove
			□Change
			□Add
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory for beament's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a. is filed.	m. on the earlier of: (b) The 90th day after th
ated August 30 2023 .	
Losa Paua . Signature of a member or authorized representa	tive of a member
-	