

L 13000107332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

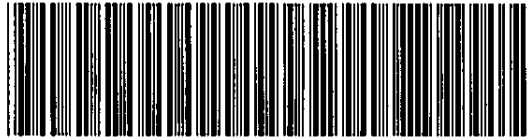
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600269598786

EFFECTIVE DATE
2-27-2015

02/27/15--01006--018 **25.00

FILED
2015 FEB 27 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAR 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

PORT C SECURE LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GIBRAN PORTELLA

Name of Person

PORT C SECURE LLC

Firm/Company

29518 TEE SHOT DR

Address

SAN ANTONIO, FL 33576

City/State and Zip Code

PORTELLA1099@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIBRAN PORTELLA

813 767-1099

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE
2-27-2015

TO
ARTICLES OF ORGANIZATION
OF

PORT C SECURE LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2015 FEB 27 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/30/2013 and assigned
Florida document number L13000107332

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANABELLE TAVERAS	29518 TEE SHOT DR	<input checked="" type="checkbox"/> Add
		SAN ANTONIO, FL 33576	<input type="checkbox"/> Remove
MGR	ROBERTO PORTELLA	29518 TEE SHOT DR	<input checked="" type="checkbox"/> Add
		SAN ANTONIO, FL 33576	<input type="checkbox"/> Remove
AMBR	GIZA PORTELLA	29518 TEE SHOT DR	<input checked="" type="checkbox"/> Add
		SAN ANTONIO, FL 33576	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2015 FEB 27 PM 4:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

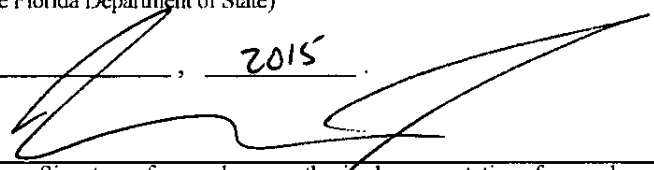
Note: If, anything was to happen to (owner) Gibran Portella, Port C Secure LLC would be appointed, handled and taken ownership by Managers and authorized member. Not mandatory, however, they would have the option to take on all assets and entity, at their discretion.

2/27/2015

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2/26, 2015



Signature of a member or authorized representative of a member

Gibran Portella

Typed or printed name of signee

FILED
2015 FEB 27 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA