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JUL 14 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PORT C SECURE LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

PORTELLA, GIBRAN

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

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

FILED
15 JUN 13 10 09 AM
TALLAHASSEE, FL
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
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)

The Articles of Organization for this Limited Liability Company were filed on 07/30/2013 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 contain 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	GIBRAN PORTELLA	29518 TEE SHOT DR	<input checked="" type="checkbox"/> Add
		SAN ANTONIO FL 33576	<input type="checkbox"/> Remove
		From President to MGR.	<input checked="" type="checkbox"/> Change
MGR	ANABELLE TAVERAS	29518 TEE SHOT DR	<input type="checkbox"/> Add
		SAN ANTONIO FL 33576	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBERTO PORTELLA	29518 TEE SHOT DR	<input type="checkbox"/> Add
		SAN ANTONIO FL 33576	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GIZA PORTELLA	29518 TEE SHOT DR	<input type="checkbox"/> Add
		SAN ANTONIO FL 33576	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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JUN 13 9 50 AM '09
CLERK OF DISTRICT COURT
SAN ANTONIO, TEXAS

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

In February 27, 2015, I submitted these individuals (Anabelle Taveras, Roberto Portella, and Giza Portella) to be

added as beneficiaries in case anything happened to me personally (Gibran Portella). Later, found out I made a

mistake by adding MGRs onto the LLC. Its meant to be sole member. Therefore, requesting to remove them.

I'm in the process of getting a power of attorney document completed along with a living will.

Thanks for correcting.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 6th, 2015

Signature of a member or authorized representative of a member

GIBRAN PORTELLA

Typed or printed name of signee