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| Certified Copies | Certificates | s of Status |
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| CHIPATESCAD | STREET, LLC | | |
|-----------------------------|--|--|---|
| SUBJECT: | Name of Lim | 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: | |
| | MEGAN RAMOS | | |
| | FIRST LAUDERDALE IN | Name of Person | - - |
| | 1845 CORDOVA ROAD, | Firm/Company SUITE 215 | |
| | FORT LAUDERDALE, F | Address L 33316 | |
| | ANNUALREPORTS@FIR | | |
| For further information c | E-mail address: (concerning this matter, please co | to be used for future annual report notifiall: | ication) |
| MEGAN RAMOS | | 954 522-4500 | |
| Name o | f Person | at () | Telephone Number |
| Enclosed is a check for the | he 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) |
| Registi Divisio | ING ADDRESS: ration Section on of Corporations ox 6327 | STREET/COURIE Registration Section Division of Corpora Clifton Building | า |

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1009 SE 7 STREET, LLC | | |
|---|---|-------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | ompany as it now appears on our records nited Liability Company) | .) |
| The Articles of Organization for this Limited Liability Com | pany were filed on 07/12/2018 | and assigned |
| lorida document number L18000168439 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited | l liability company here: | · |
| PORT INVESTMENTS, LLC | | |
| he new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" | |
| Enter new principal offices address, if applicable: | | 70 |
| Principal office address MUST BE A STREET ADDRES | <u></u> | <u> </u> |
| | | |
| | | |
| Inter new mailing address, if applicable: | | PR 6 |
| • • • | | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| 3. If amending the registered agent and/or registere egistered agent and/or the new registered office address | | , enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | . Flo | rida |
| | 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> Name <u>Address</u> **Type of Action** _□ Add _□ Remove __

Change _ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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| ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Department's | does not meet the appl | icable statutory filing | (optional) ore than 90 days after filing.) I g requirements, this date w | Pursuant to 605.02 ill not be listed |
| record specifies a delayed e he 90th day after the recor | ffective date, but r d is filed. | not an effective t | ime, at 12:01 a.m. o | n the earlier |
| ed MARCH 26th | 2019 | | | |
| _Cl Best | Mature of a member or au | thorized representative | of a member | |
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Filing Fee: \$25.00