L23000101995

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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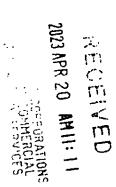


March 22, 2023

GARRY A PORTER JR 10435 YARROW DRIVE BOYNTON BEACH, FL 33437 US

SUBJECT: PORTER MANAGEMENT GROUP, LLC

Ref. Number: L23000101995



This is to advise you that on February 27, 2023, we filed your entity under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your entity to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6052.

Sincerely,

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 223A00006641

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Porter Management Group, 21	LC	
(<u>Name of the Limited Libbility Co</u> (A Florida Limi	ompany as it now appears on our records.) ned Liability Company)	
The Articles of Organization for this Limited Liability Comp	cany were filed on $\frac{02/27}{23}$	and assigned
Florida document number <u>123000/01985</u> .	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
He new name must be distinguishable and contain the words "Limited I		
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADDRESS	10436 Yerrow Scive Boynton Beach, FL 3343	7
		<u></u>
Carra and a different blanca (Carra Backla)		776
Enter new mailing address, if applicable:	15 7/7	
(Mailing address MAY BE A POST OFFICE BOX)		<u>25</u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
· · ·	, Florida	
	Chy	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the date of filing:	(optional)
feetive date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than tee: If the date inserted in this block does not meet the applicable statutory filing requir	90 days after filing.) Pursuant to 605.02
cument's effective date on the Department of State's records.	ements, this date will not be used
ecord specifies a delayed effective date, but not an effective time, at 12-01 a.m. on the e	arlier of: (b) The 90th day after th
is tiled.	
ned T April 13, 2023	
ded 17.71.1 13, 2023	
Signatury of a member or authorized representative of a member of	mber

Filing Fee: \$25.00