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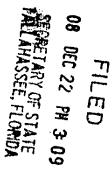
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D. BRUCE

DEC 23 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corp.						
SUBJECT: PORS	I INVESTMENTS, (Name of Lim	LLC ited Liability Company)				
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please return all correspon	dence concerning this matter	to the following:				
	MILAGROS R.	VAZQUEZ (Name of Person)		_		
	MILAGROS R.	VAZQUEZ, P.A.		_		
		(Firm/Company)	1311	Tien.	80	
	901 PONCEE D	DE LEON BLVD. #204			8	
		(Address)		NA ETA	3	T
	CORAL GABLES	5, FL 33134		SE 0	22	ILED
		(City/State and Zip Code)		~~~ ~~~~	⊋	$\ddot{0}$
For further information con	ncerning this matter, please c	call:		ORDA	3 09	
MILAGRO	S R. VAZQUEZ	at (305) 446-4555 (Area Code & Daytime T				
(Name of	Person)	(Area Code & Daytime T	elephone Numb	er)		
Enclosed is a check for the	following amount:					
□ \$25.00 Filing Fee	\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					osed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PORSI INVESTM (Name of the Limited Li (A F	ENTS, LLC ability Company orida Limited Lia	as it now appears of ability Company)	n our records.)			
The Articles of Organization for this Limited Liab	ility Company w	vere filed on12/	8/04	and assigned		
Florida document number <u>L04000088774</u>						
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	ne limited liabil	ity company here:				
The new name must be distinguishable and end with t "L.L.C."	he words "Limite	d Liability Company,	" the designation "	List or the abbreviation		
Enter new principal offices address, if applicab	le:	5310 NW	72 AVENUE	是 另		
(Principal office address MUST BE A STREET.	ADDRESS)	MIAMI, F	L 33166	SSEF O		
Enter new mailing address, if applicable:		5310 NW	72 AVENU	STATE O		
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33166				
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter	the name of the new		
Name of New Registered Agent:	VALENTIN MENENDEZ					
New Registered Office Address:	New Registered Office Address: 5310 NW 72 AVENUE (Enter Florida street address)					
	MIAMI	(City)	, Florida	33166		
		(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 608, 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.

(H'Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

. . . .

MGR = Manager

MGRM = Managing Member

<u>Title</u> <u>Name</u> **Address Type of Action MGRM** 5310 NW 72 AVENUES VALENTIN MENENDEZ **K** K Add MIAMI FL 33166 Remove YOLANDA MENENDEZ 7400 SW 64 STREET MGRM **∏** Add MIAMI. FL 33166 Remove 🗖 Add Remove 🗖 Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) CHANGE MGRM VALENTIN MENENDEZ' MAILING ADDRESS TO: 5310 NW 72 AVENUE, MIAMI, FL 33166 Signature of a member or authorized representative of a member VALENTIN MENENDEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00