

L050000095465

(Requestor's Name)

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(Business Entity Name)

L05-95465

(Document Number)

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2015 DEC 13 PM 2:53  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Samir Cabrera, Port LaBelle Partners, 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:

Thomas R. Pence

(Name of Person)

Samir Cabrera, Port LaBelle Partners, LLC

(Firm/Company)

8801 College Parkway, Suite 1

(Address)

Fort Myers, FL. US 33919

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas R. Pence

(Name of Person)

at ( 239 ) 432-2860 ext.202

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SAMIR CABRERA, PORT LABELLE PARTNERS, LLC

(Present Name)  
(A Florida Limited Liability Company)

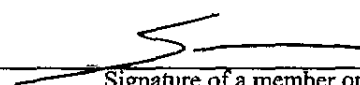
**FIRST:** The Articles of Organization were filed on September 28, 2005 and assigned document number L05000095465.

**SECOND:** This amendment is submitted to amend the following:

1. To change the principal address of this limited liability  
company to: 8801 College Parkway, Suite 1, Fort Myers,  
FL. US 33919.

2. To change the mailing address of this company to:  
8801 College Parkway, Suite 1, Fort Myers, FL. US 33919.

Dated November 30, 2005.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Samir Cabrera, Managing Member

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

CLERK OF CIRCUIT COURT  
DADE COUNTY, FLORIDA

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