

LB6000081021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500113130415

12/20/07--01017--012 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 DEC 20 AM 11:39

FILED

DB

12/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PORTMANN INTERNATIONAL CONSULTANTS, 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:

SHAWN PORTMANN
(Name of Person)

PORTMANN INTERNATIONAL CONSULTANTS, LLC
(Firm/Company)

1550 WESTOVER LOOP
(Address)

HEATHROW FL 32746
(City/State and Zip Code)

For further information concerning this matter, please call:

HOWARD L. HIRSCH at (407) 474-9910
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
07 DEC 20 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

PORTMANN INTERNATIONAL CONSULTANTS 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 Aug 16, 2006 and assigned
Florida document number L0600008102.1

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

N/A

New Registered Office Address:

(Enter Florida street address)

, Florida

(City)

(Zip Code)

FILED
07 DEC 20 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

(If 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

Title	Name	Address	Type of Action
MGR	CHARLES Behrens	20009 LAKE Holly Dr. LUTE, FL 33558	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	STEPHEN BYRNE	80632 TEAL LOOP BUSH, LA 70431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
07 DEC 20 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated December 18, 2007

[Signature]

Signature of a member or authorized representative of a member
HOWARD L. HIRSCH

Typed or printed name of signee