## 1070000 13731

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## **COVER LETTER**

Portsmitt SUBJECT:	h LLC					
30B3DC1.	Name of Lin	ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	mitted for tiling.				
Please return all corres	spondence concerning this matter	to the following:				
	Randall K Smith					
	Name of Person					
	Portsmith, LLC					
		Firm/Company				
	138 N Swinton Avenue Su	ite A				
	Address					
	Delray Beach FL 33444					
	dsmith@portencompanies.c	City/State and Zip Code				
	E-mail address: (	to be used for future annual report notif	ication)			
For further information	n concerning this matter, please c	all;				
Debbie Stackhouse	- CD	561 523-5859				
Name	e of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for	r 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

TO: Registration Section

Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Portsmith, 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 Compan	y were filed on $\frac{02/06}{2}$	5/2007 and assigned	
Florida document number L07000013731			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company hero	<u>:</u>	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	138 N Swinton Avenue Suite A		
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach FL	33444	
Enter new mailing address, if applicable:	138 N Swinton Av	venue Suite A	
	Delray Beach FL 3	33444	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		ords, <u>enter the name of the new register</u>	
Name of New Registered Agent: Randall K Sm	Randall K Smith		
New Registered Office Address: 138 N Swinto	n Avenue Suite A		
	Enter Florida	i street address	
Delray Beach		, Florida 33444	
	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>	<u>Name</u>	Address	Type of Action
MGR	Lennie F Smith	1205 Palm Trail	
		Delray Beach FL 33483	
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			Remove
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Note: If the date	a delayed effect	tive date, but no	t an effective	time, at 12:01 a.	m. on the earli	er of: (b)	The 90th day aft	er the
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