Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6383

EXAMINER

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020 Phone : (813)435-3176 Fax Number : (813)333-6358

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PORTSITE SERVICES LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

Corporate Filing Menu

Electronic Filing Menu

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

PORTSITE SERVICES LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our I Liability Company)	records.)
The Articles of Organization for this Limited Liability Companication for the Line Liability Companication for the Liability C	y were filed on <u>09/22/2008</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	vs	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florid	la street address)
		Florida(Zip Code)
		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	i	
hereby accept the appointment as registered agent and agr he provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of my duti provided for in Chapter 608	ies, and I am familiar with and B, F.S. Or, if this document is
(If Cha	anging Registered Agent, <u>Signatur</u>	re of New Registered Arent)
Page 1	of 2	

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	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	TIMOTHY BEDFORD	1229 NORTH WEST 7TH AVE FORT LAUDERDALE EL 33311 US	Add Remove
			Add
		-	AddRemove
	·		Add Remove
·	·		Add Remove
*****			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	<i>y.)</i>
_		•	
— Dated	11/24		
Dated	1.1~	ber or authorized representative of a member	R NOV 24
	NICK SPRADLIN AUT	HORIZED REPRESENTATIVE	
	Тур	ed or printed name of signee Page 2 of 2	= = =
		Filing Fee: \$25.00	A 8: 5