

L08000116897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2016 SEP -6 PM 12:57
TALLAHASSEE, FLORIDA

16 SEP 28 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. SCOTT

OCT 03 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2016

PAUL LABINER, ESQ.
5499 NO FEDERAL HWY., SUITE K
BOCA RATON, FL 33487

SUBJECT: PORTSIDE MGT LLC
Ref. Number: L08000116897

FILED
2016 SEP 28 PM 4:34
TALLAHASSEE, FLORIDA

We have received your document for PORTSIDE MGT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Herschel is listed on sunbiz.org as the MGR. Please specify on page 2 of 3 the changes you're trying to make.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 416A00019054

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16 SEP 28 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PORTSIDE MGT., 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 December 29 2008 and assigned
Florida document number LC000016807

This amendment is submitted to amend the following:

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

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

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)

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:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	HERSHEL ARENBERG	1500 Weston Road	<input type="checkbox"/> Add
		Weston, Florida 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SCOTT ARENBERG	1500 Weston Road	<input checked="" type="checkbox"/> Add
		Weston, Florida 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HERSHEL ARENBERG	1500 Weston Road	<input checked="" type="checkbox"/> Add
	<i>Hershel Trust</i>	Weston, Florida 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ELAYNE ARENBERG	1500 Weston Road	<input checked="" type="checkbox"/> Add
	<i>Hershel Trust</i>	Weston, Florida 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		1500 Weston Road	<input type="checkbox"/> Add
		Weston, Florida 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 CHANGE

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 2,

2016

Signature of a member or authorized representative of a member

HERSCHEL ARENBERG

Typed or printed name of signee

FILED
SEP 28 PM 2:35
16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA