

#L09000101129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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ALABAMA SECRETARY OF REVENUE

K. SALLY
EXAMINER
NOV 10 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Porter & Porter Properties, 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:

Joshua Porter
Name of Person

Firm/Company

~~118~~ NW ~~14th~~ Ave. Suite "A"
Address

Gainesville, FL ~~32601~~ ~~32607~~
City/State and Zip Code

live. create. enjoy
joshuaporter@gmail.com
E-mail address: (to be used for future annual report notification)

P.O. Box
485

~~4117 St~~
~~20th Ave.~~
~~Unit 51~~

32602-0485

For further information concerning this matter, please call:

Joshua Porter at (352) 275-4889
Name of Person Area Code & Daytime Telephone Number

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**

FILED
10 NOV -9 PM 1:42

Porter & Porter Properties, 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 10/19/2009 and assigned Florida document number L09000101129.

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 end with 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)

4117 SW 20th Ave.
Gainesville, FL 32607
Unit # 51

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 485
Gainesville, Florida
32602-0485

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:

Joshua Porter

New Registered Office Address:

4117 SW 20th Ave. Unit #51

Enter Florida street address

Gainesville

City

Florida 32607

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 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.

Joshua Porter
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u> MGRM	<u>Joshua Porter</u>	<u>4117 SW 20th Ave</u> <u>Gainesville, FL 32607</u> <u>Unit # 52</u>	☒ Add ☐ Remove
<u>MGRM</u>	<u>Joshua Porter</u>	<u>118 NW 14th Ave.</u> <u>Suite "A"</u> <u>Gainesville, FL 32601</u>	☐ Add ☒ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add ☐ Remove
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<u> </u>	<u> </u>	<u> </u>	☐ Add ☐ Remove

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

Dated November 8th, 2020

Joshua Porter
Signature of a member or authorized representative of a member
Joshua Porter
Typed or printed name of signee