# 11000038007

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# FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2023

CAPITAL CONNECTION

SUBJECT: PORTO SANTOS ENTERPRISES LLC

Ref. Number: L10000038007

We have received your document for PORTO SANTOS ENTERPRISES LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The signature of authorized representative, and date of the signature, are required.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS Regulatory Specialist III

Letter Number: 123A00019571

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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PORTO SANTOS ENTERPRIES LLC	202
	2023 AUG
Please Debit FCA000000003 For: 25	2 C C C C C C C C C C C C C C C C C C C
Thank you Seth Neeley	
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	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
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	Dissolution / Withdrawal
	Annual Report / Reinstatement
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	Certificate of Fictitious Name
	Corp Record Search
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	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

# **COVER LETTER**

	Registration Se Division of Cor				
SUBJEC	Porto Sant	os Enterprises LLC			
SUBJEC	·	Name of Lim			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Emilio Gutierrez			2023 AUS 24 SEURE DAR TALL AHA
			Name of Person		)5 2
FA Corporate Management LLC		ري - <sup>د</sup> ري			
			Firm/Company		AM 10: 54 OF STATE SEE, FL
		2050 Coral Way, Ste 405	5		된 :
			Address		
		Miami, FL 33145			
		<del></del>	City/State and Zip Code	······································	<u></u>
		Legal2@facorporatemg.c	om to be used for future annual		
For furthe	er information co	oncerning this matter, please co		report normeation)	
Emilio Gu	utierrez		347 76 at ( )	16978	
	Name o	f Person	Area Code	Daytime Telephone	Number
Enclosed	is a check for th	ne following amount:			
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end	closed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	Registr	ING ADDRESS: ation Section	Registrat	T/COURIER ADDRI	ESS:

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

Annual Control

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Porto Santos Enterprises LLC		ALL T
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	24
The Articles of Organization for this Limited Liability Company Florida document number L10000038007	were filed on 04/08/2010	SSE AND STATE
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	145 Madeira Ave Ste 208, Coral (	Gables, FL 33134
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	145 Madeira Ave Ste 208, Coral (	Gables, FL 33134
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ter the name of the new
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.

Claudia S. Muño 3

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>	Name	Address	Type of Action
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			Remove
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Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of filing or ck does not meet the applicable statutory fil	(optional) r more than 90 days after filing.) Pursuant to 6 ling requirements, this date will not be b	505.0207 isted as
the record specifies a delayed The 90th day after the reco	effective date, but not an effective rd is filed.	e time, at 12:01 a.m. on the ear	rlier of:
6 22db	2023		
Dated Agosto, 22th	_ <del></del> _;,		
Dated Agosto, 22th	Claudia S. Muñoz		

Page 3 of 3

Filing Fee: \$25.00