## L10000083182

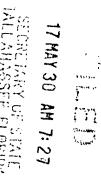
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## **COVER LETTER**

TO:	Registration Sec Division of Corp	tion porations	esa.	
	MORTON 7	7211, LLC	,	
SUBJ	JECT:	Name of Limit	ted Liability Company	
The e	enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Pleas	e return all correspor	ndence concerning this matter t	to the following:	
		DANTE CONTO		
			Name of Person	<del></del>
		PORT TAMPA HOLDING	GS, LLC	
			Firm/Company	
		5418 W INGRAHAM ST		
		Firm/Company		
		TAMPA, FL 33616		
			City/State and Zip Code	
		RRCONTO@GMAIL.COM	1 o be used for future annual report notifi	action
For f	urther information co	oncerning this matter, please ca		canony
DAN	NTE CONTO		813 902-8900 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Encl	osed is a check for th	e following amount:		
<b>S</b>	325.00 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

(Name of the Limi	ted Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited L. Florida document number L10000083182	Liability Company were filed on 08/09/2010	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name (</u>	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	d/or registered office address on our recordiffice address here:  W. GREGORY GOLSON, ESQUIRE	ds, enter the name of the
New Registered Office Address:	17425 BRIDGE HILL COURT, STE 202	(3) (3) (8)
New Registered Office Address.	Enter Florida street addr	ess Co
		Florida 33647
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	ALL STATES

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
MGRM	CONTO, DANTE	5418 W INGRAHAM ST	□ Add
		TAMPA, FL 33616	■ Remove
			☐ Change
MGR	CONTO, DANTE	5418 W INGRAHAM ST	Add
		TAMPA, FL 33616	Remove
			Change
MGRM	CONTO, DARLENE	5418 W INGRAHAM ST	□ Add
		TAMPA, FL 33616	Remove
			☐ Change
			Add
			☐ Remove
			□ Change
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an effective date is listed ote: If the date insert	d, the date must be spec ted in this block doe	eific and cannot s not meet th	be prior to date e applicable s	of filing or more	than 90 days after equirements, thi	filing.) Pursua s date will not	nt to 605.0 t be listed
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