

L12000156752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

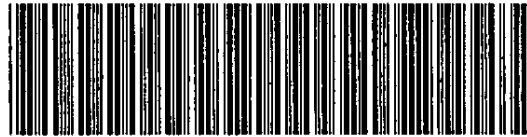
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: • Registration Section
Division of Corporations

PRIVE PORTER, LLC

SUBJECT: _____
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:

MICHELLE BERK

Name of Person

PRIVE PORTER, LLC

Firm/Company

2263 NW BOCA RATON BLVD., SUITE 203

Address

BOCA RATON, FL 33431

City/State and Zip Code

SALES@PRIVEPORTER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE BERK

561 948-1921

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

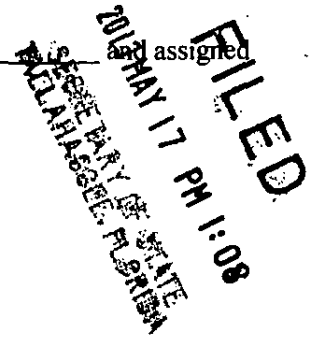
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PRIVE PORTER, 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 12/27/2012
Florida document number L12000156752



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)

2263 NW BOCA RATON BLVD.

SUITE 203

BOCA RATON, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2263 NW BOCA RATON BLVD.

SUITE 203

BOCA RATON, FL 33431

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:

MICHELLE BERK

New Registered Office Address:

2263 NW BOCA RATON BLVD., SUITE 203

Enter Florida street address

BOCA RATON

Florida 33431

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 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.


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>
MGRM	MICHELLE BERK	2263 NW BOCA RATON BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 203	<input type="checkbox"/> Remove
		BOCA RATON, FL 33431	
MGR	JEFFREY BERK	455 NE 5TH AVE.	<input type="checkbox"/> Add
		#D-283	<input checked="" type="checkbox"/> Remove
		DELRAY BEACH, FL 33483	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
NORTH DAKOTA
BISMARCK

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

Dated 5/4, 2013.



Signature of a member or authorized representative of a member

JEFFREY BERK

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA