Division of Corporations **Electronic Filing Cover Sheet**

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'nο.

Division of Corporations

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From:

Account Name

: KRISJOENNA SERVICES, INC.

Account Number : T20080000033

Phone

: (305)644-3055

Fax Number

· (305)644-3052

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Email Address: KJESERVICES @ Kahoo. com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION PORTELES-CURIEL PARTNERSHIP LLC

6-

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1829 513 028:01

OCT-09-2013 10:44 From:

COVER LETTER

TO:

Registration Section Division of Corporations

PORTELES-CURIEL PARTNERSHIP 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:

ENNA DIEPPA

Name of Person

KIJOENNA SERVICE

2141 SW 1ST STREET SUITE 110

MIAMI. FL 33135

City/State and Zip Code

KJESERVICES@YAHOO.COM

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

For further information concerning this matter, please call:

Name of Person

at (305)644-3055

Area Code & Daytime Telephone Number

Fuclosed is a check for the following amount:

■ \$25.00 Filing Fee

US30 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

H130007249 703

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PORTELES-CURIEL PARTNERSHIP LLC

(Name of the Limited Linbility Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number L13000035454	were filed on 03/08/2013	and as:	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi "U Γ C"	ted Liability Company," the designation "	LLC" or the	Code Code Comply with oiliar with and document is
Enter new principal offices address, if applicable:	505 PALERMO AVE		
(Principal office address MUST BE A STREET ADDRESS)	CORAL GABLES, FL 33134	N. 6) }
		A) <u></u>
Enter new mailing address, if applicable:	505 PALERMO AVE		
(Mailing address MAY BE A POST OFFICE BOX)	CORAL GABLES, FL 33134	71	
	•		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	fice address on our records, <u>enter</u> <u>c</u> :	the name	of the new
New Registered Office Address:			
	Enter Florida street ad	dress	W
	Florida		
N. A	City	Zıp Code	e
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p hemy filed to merely reflect a change in the registered office company has been notified in writing of this change	lete performance of my duties, and I provided for in Chapter 608, F.S. Or	am familia A this doci	with and
lf Cha	nging Registered Agent, Signature of New R	enistered Ave	nt .

Page 1 of 3

DCT-09-2013 10:44 FCOM:

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGRM = N	lanaging Member	į i	
Title	Name	Address	Type of Action
			Add
			Remove
		<u> </u>	
	•		Add
			Remove
			
	<u></u>		E E Add
			A
			Arms (
			<u></u> or
			Add Add
			Remove
			Add
			Remove
			Kemove
			Add
			Remove

MGR = Manager

	•
october 09	2013
	A Pay Col. a member or authorized representative of a member
YASMIN A PORTELE	

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Filing Fee: \$25.00

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