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AUG 23 2013 D. BUTLER

## **COVER LETTER**

TO: Registration Section
Division of Corporations

.,

# PORFIRIO SPORTS 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:

# **ALVARO PATINO**

Name of Person

### HISPANIC FINANCIAL TAX SERVICES INC

Firm/Company

7401 WILES RD, SUITE 126

Address

CORAL SPRINGS, FL 33067

City/State and Zip Code

apatino@hispanictaxinc.com

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

For further information concerning this matter, please call:

# ALVARO PATINO

\_\_\_\_

954 5093745

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

# PORFIRIO SPORTS LLC

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

(A Flo	rida Limited Liability Company)		
The Articles of Organization for this Limited Liabil	ity Company were filed on 07/08	/2013 and assigned	
Florida document number L13000096492		55	
This amendment is submitted to amend the following	ng:	7.8°	
A. If amending name, enter the new name of the	e limited liability company here:	·	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
	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 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 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>:

MGR = Manager

MGRM = Managing Member **Title Name Address Type of Action** 3300 NE 191 ST APT 1409 **ANABELLA GOMEZ** MGRM AVENTURA, FL 33180 Remove Remove Remove Remove Remove Remove

D. If amending any other information	, enter change(s) here: (Attach additional sheets,	if necessary.)
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Dated AUGUST 01		
CARLOS G. PORF	re of a member or authorized representative of a memb	er
	Typed or printed name of signee	
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