L13000155065

(Re	questor's Name)	
	,	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<u>#</u>
(0	protector Elph mone	'' ,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



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

Portula LLC				
			<u> </u>	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
			<u></u>	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
			}	Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
U				Vehicle Search
				Driving Record
Requested by: Seth	12/10/13			UCC 1 or 3 File
Name	<u>12/10/13</u> Date	Time		UCC 11 Search
Nume	Date	THIC		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

PORTULA, 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:

JOANNA PLESSIS, ESQ

Name of Person

SERBER & ASSOCIATES, PA

Firm/Company

2875 NE 191 STREET SUITE 801

Address

AVENTURA, FL 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

JOANNA PLESSIS, ESQ.

305₉32-6262

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

Q\$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

PORTULA, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our rec Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C	Company were filed on 11/13/2013	and assigned
Florida document number <u>L13000155065</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		5 T
(Mailing address MAY BE A POST OFFICE BOX)		82 5
		□. ≥ □
		ş: ō
B. If amending the registered agent and/or registered agent and/or the new registered office add		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		lorida
	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>	Address	Type of Action
MGR	JUAN MARIO MONGINI	2875 N.E. 191ST ST, STE. 80	1 Add
		AVENTURA, FL 33180	Remove
MGR	CLAUDIA MONGINI	2875 N.E. 191ST ST, STE. 80	1 Itada
	•	AVENTURA, FL 33180	Remove
MGR	ENZO LUIS PASIAN	2875 N.E. 191ST ST, STE. 80	Add Add
		AVENTURA, FL 33180	Remove
MGRM	CLAUDIA MONGINI	2875 N.E. 191ST ST, STE. 80°	_ 1
		AVENTURA, FL 33180	Remove
MGRM	ENZO LUIS PASIAN	2875 N.E. 191ST ST, STE. 80	
		AVENTURA, FL 33180	Add Remove
			Add
		<u> </u>	Remove

- ,,,,,,	
Dated DEC	EMBER 9 2013
	Mulle
•	Signature of a member or authorized representative of a member
	JOANNA PLESSIS
•	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

FILED

13 DEC 10 MID: 14

LEALING OF STATE
FALLAHASSEE, FLORIDA