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COVER LETTER

TO:

Registration Section **Division of Corporations**

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: The Porch AT L	linter Pork	LLC
Name of Limited	Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.	
Please return all correspondence concerning this matter to the	ne following:	
Frank Spren	Name of Person	
The Porch	AT Winter Pan Firm/Company	<u>k</u>
6413 N. Oronag		·
Winter Palk	ity/State and Zip Code Chwp-Com cused for future annual report notif	789
Frank@po E-mail address! (10 be	rchwp-com eused for future annual report notif	lication)
For further information concerning this matter, please call:		
Fronk Spremull, Name of Person	_at(32)_,663-	6328
Name of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Centificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURI Registration Sectio	

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Porch AT Wint	er PARK, LL	
Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Companification of Companies of Organization for this Limited Liability Companies of Organization for the Organization for the Organization for the Organization for this organization for the Organization for	y were filed on ///ZZ	2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company." the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
		90g
		C ₁
Enter new mailing address, if applicable:		0 7
(Mailing address MAY BE A POST OFFICE BOX)		
	,	9
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ds. enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street addi	ress
		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 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>Ťitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Kevin O'Donnell	643 North Orange Ave Winter Park, FL 327896	D Add
		Winter Park, FL 327896	Remove
			Change
			Add
			Remove
		Change	
			Kanove
			CbRemove
			Change
			Add
		□ Remove	
			□ Change
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			Remove
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fan effective date i	if other than the da is listed, the date must be e inserted in this block ctive date on the Depa	specific and cannot does not meet the	applicable statute	ling or more than 90 ory filing requirem	(optional) days after filing.) P eents, this date wi	ursuant to 605,020 H not be listed a
locument's effec		ffactiva data k	out not an effe	ctive time, at	12:01 a.m. on	the earlier o
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Page 3 of 3

Filing Fee: \$25.00