

214000025101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

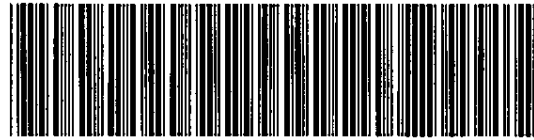
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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D. BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Portland Enterprise L.L.C.**  
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:

**Tommy Godwin**

Name of Person

Firm/Company

**669 Woodlawn Rd.**

Address

**Freeport Fl. 32439**

City/State and Zip Code

**tommygodwin71@yahoo.com**

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

For further information concerning this matter, please call:

**Tommy Godwin**

Name of Person

at **(850) 333-7398**

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

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**Portland Enterprise L.L.C.**

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tommy R. Godwin	669 Woodlawn Rd.	<input checked="" type="checkbox"/> Add
		Freeport, Fl. 32439	<input type="checkbox"/> Remove
AMBR	Dianna L. Godwin	669 Woodlawn Rd.	<input type="checkbox"/> Add
		Freeport, Fl. 32439	<input checked="" type="checkbox"/> Remove
AMBR	Brittany L. Godwin	669 Woodlawn Rd.	<input type="checkbox"/> Add
		Freeport , Fl. 32439	<input checked="" type="checkbox"/> Remove
AMBR	Paul W. Langley	85 Church St.	<input checked="" type="checkbox"/> Add
		Freeport , Fl. 32439	<input type="checkbox"/> Remove
AMBR	Caleb E. Piasecki	370 Woodlawn Rd.	<input type="checkbox"/> Add
		Freeport , Fl. 32439	<input checked="" type="checkbox"/> Remove
AMBR	Joseph R. Floyd	151 Shady Pine's Drive	<input type="checkbox"/> Add
		Santa Rosa Beach, Fl. 32459	<input checked="" type="checkbox"/> Remove

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

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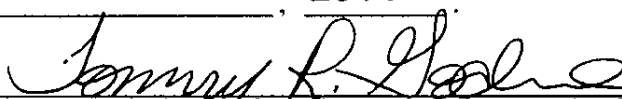
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 03/03, 2014



Signature of a member or authorized representative of a member

Tommy R. Godwin

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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