

214000025101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500257084005

03/06/14--01008--004 **25.00

2014 MAR -6 AM 11:37
CLERK OF SUPERIOR COURT
TALLAHASSEE FLORIDA

FILED

MAR 07 2014

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 at **(850) 333-7398**
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

FILED
2014 MAR -6 AM 11:37
TALLAHASSEE FLORIDA
DIVISION OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Portland Enterprise L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on 02/13/2014 and assigned Florida document number L14000025101.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City

FILED
2014 MAR -6 AM 10:00
TALLAHASSEE
FLORIDA

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

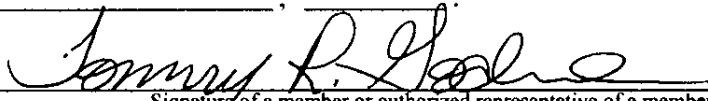
FILED
 2017 MAR -6 AM 1:37
 CLERK OF DISTRICT COURT
 TALLAHASSEE FLORIDA

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

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

FILED
2014 MAR -6 AM 11:37
TALLAHASSEE FLORIDA
CLERK OF STATE