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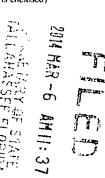
COVER LETTER

TO: Registration Section **Division of Corporations** 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 Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

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 registered agent and/or the new registered office address here: Name of New Registered Agent:	<u>1ew</u>
New Registered Office Address: Enter Florida street address	
, Florida	-
City Zip Code	eze.
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 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.	he !

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Tommy R. Godwin	669 Woodlawn Rd.	Add
		Freeport, Fl. 32439	☐ Remove
AMBR	Dianna L. Godwin	669 Woodlawn Rd.	
		Freeport, Fl. 32439	Remove
AMBR	Brittany L. Godwin	669 Woodlawn Rd.	
		Freeport, Fl. 32439	■ Remove
AMBR	Paul W. Langley	85 Church St.	
		Freeport , Fl. 32439	□ Remove
AMBR	Caleb E. Piasecki	370 Woodlawn Rd.	
		Freeport , Fl. 32439	Remitive AR
AMBR	Joseph R. Floyd	151Shady Pine's Drive Santa Rosa Beach,Fl.3245	

D.	If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
		10 11/11 11 11/11 11 11/11 11/11 11/11
	the date this document is filed by the Florida Departm	ng:(optional) date of receipt or filed date and cannot be more than 90 days after ent of State)
	Dated 03/03	2014
	Somme	R. Halia
	Tommy R. Godwin	a member or authorized representative of a member
		Typed or printed name of signee

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Filing Fee: \$25.00