114000177232

(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



700313621177

05/21/18--01023--022 **25.00

SECRETARY OF STATE OF CORPORATIONS

N COOPER MAY 2 3 2018

COVER LETTER

SUBJECT:	PORTE	BELLO, LLC	
SCBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
		MIRELA NDINI	
		Name of Person	
-	-	ICOLIN USA INC	
	_	Firm/Company	<u> </u>
	5	335 BALTIMORE PIKE	
		Address	
	(GLEN MILLS, PA 19342	
		City/State and Zip Code	
		MIN@ICOFINUSA.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	
MIRELA NDINI		610 765-6008 at ()	
Name of	Person	Area Code Daytime	Telephone Number
inclosed 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

TO:

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

PORTBE	LLO, LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Companies Florida document number $\frac{L14000177232}{L14000177232}$.	y were filed on 11/14/2014	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 Lial	bility 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)		3
The same same same same same same same sam		AY
		<u> </u>
		≥ × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 ×
Enter new mailing address, if applicable:		2 PH
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		→
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address he Name of New Registered Agent:		nter the name of the
New Registered Office Address:	Enter Florida street address	
	Enter r tortaa street address	
	, Florid	ia
	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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAVID FRANCIS ANNESS	801 BRICKELL AVENUE	
		SUITE 1610, MIAMI, FL 33131	■ Remove
			Change
			□ Add
			□ Remove
			Change
		 	O Add
			Remove
			Change
			Remove
			□ Change
			Remove
			Change
			□ Remove
			Change

						_
						_
				· · · · · ·		_
			-			-
						-
			<u> </u>		a a	- 8.
						- Sign
					2	- 유류 - 유류
						0896 -
					œ.)RATI
		,			• •	_ <u>S</u> .
						_
						-
			<u> </u>			-
	_		<u> </u>			_
fective date, if other tha an effective date is listed, the da	n the date of filing te must be specific and (: cannot be prior to da	ite of filing or more t	(optional han 90 days after filin	l) g.) Pursuant to 60	5.0207
ote: If the date inserted in to cument's effective date on	his block does not me the Department of St	eet the applicable ate's records.	statutory filing rec	quirements, this dat	e will not be lis	ited as
record specifies a del The 90th day after the		ate, but not ar	n effective time	e, at 12:01 a.m	. on the earl	ier of
ated May 15	1	2018	7			
	·	///				
		/				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00