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	(Danisatada Nama)	
	(Requestor's Name)	
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PICK-UP	WAIT	MAIL
	<u></u>	
	(Business Entity Name)	
,	(Data	
	(Document Number)	
Certified Copies	Certificates of S	Status
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Special Instructions	to Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration S Division of Co				
SUBJE		UESE GROUP LLC			
	··· <u></u>	Name of Lim	ited Liability Company		
The enc	losed Articles o	f Amendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all corresp	ondence concerning this matter	to the following:		
		ILEANA NOA			
			Name of Person		
		CONCORDE LAND TITE	LE SERVICES, INC.		
			Firm/Company		1 (CE)
		134 S. DIXIE HIGHWAY	, SUITE #110	,	为为门
			Address	·	28
		HALLANDALE BEACH,	FL 33009		できる。
		INOA@CONCORDELTS.	City/State and Zip Code		9.36
			to be used for future annual report noti	fication)	
For furt	her information	concerning this matter, please ca	all:		
ILEAN	A NOA		305 356-8403		_
	Name	of Person	Area Code Daytim	e Telephone Number	-
Enclose	d 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 For Certificate of Societified Copy (additional copy is	Status &

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

PORTUGUESE GROUP LLC		
(Name of the Lim	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{4/3}{2}$		2/2015 and assigned
Florida document number L15000071268	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company her	<u>·e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	79 =
Principal office address MUST BE A STRE	EET ADDRESS)	25
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent an registered agent and/or the new registered		our records, enter the name of the ne
Name of New Registered Agent:	CONCORDE LAND TITLE SERV	/ICES, INC.
New Registered Office Address:	134 SOUTH DIXIE HIGHWAY, S	SUITE 110
	Enter Florid	da street address
	HALLANDALE BEACH	, Florida 33009
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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an effective date is listed, the date must be specific and cannot be protect. If the date inserted in this block does not meet the app	rior to date of fi	ling or more than 90 ory filing requiren	days after filing.)	Pursuant to 60 will not be list	5.02 ted :
ocument's effective date on the Department of State's recor		,			
e record specifies a delayed effective date, but the south and the secord is filed.	not an effe	ctive time, at	12:01 a.m.	on the earli	ier
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APRIL 21 2016					
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the terms to be (m)					
Signature of a member or at	uthorized repre	antativa of a mamb	A+		

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Filing Fee: \$25.00