

L/5000128532

Division of Corporations
Florida Department of State
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To:

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From:

Account Name : TAX, ACCOUNTING & FINANCIAL PRO, INC
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PORT BELEN LLC

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Corporate Filing Menu

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12/9/19

DC

2019 NOV 20 AM 9:53

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

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

PORT BELEN LLC

(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 07/28/2015 and assigned
Florida document number L15000128532

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CLERK OF CIRCUIT
2019 NOV 20 AM 9:53

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2980 NE 207TH STREET, STE 405

(Principal office address MUST BE A STREET ADDRESS)

AVENTURA, FL 33180

Enter new mailing address, if applicable:

2980 NE 207TH STREET, STE 405

(Mailing address MAY BE A POST OFFICE BOX)

AVENTURA, FL 33180

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:

Mariana Ines Corvalan

New Registered Office Address:

2980 NE 207TH STREET, STE 405

Enter Florida street address

AVENTURA

City

Florida 33180

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.

X

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>	<u>Address</u>	<u>Type of Action</u>
MGR	VILLALBA, VALERIA N	3300 NE 192ND ST APT 1601	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTIN, GUSTAVO H	2980 NE 207TH STREET	<input checked="" type="checkbox"/> Add
		STE 405	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
MGRM	CORVALAN, MARIANA I	2980 NE 207TH STREET	<input checked="" type="checkbox"/> Add
		STE 405	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea
) The 90th day after the record is filed.

Dated NOVEMBER 19 2019

X

Signature of a member or authorized representative of a member

GUSTAVO H MARTIN

Typed or printed name of signee