L18000156016

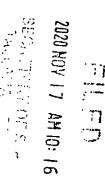
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PICK-UP WAIT MAIL	
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COVER LETTER

	tration Sec on of Corp				
A R T FR. 1 7 7 7 17 FT	-	corn Removal, LLC			
SUBJECT: _	<u></u>	Name of Lim	ited Liability Company		
The enclosed A	articles of A	mendment and feets) are sub	mitted for filing.		
Please return al	l correspon	dence concerning this matter	to the following:		
		Amber Portello			
			Name of Person		
		Portello Popcorn Removal,	LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
		117 N Weathersfield Ave			
			Address		
		Altamonte Springs, FL 327	714		
		-	City/State and Zip Code		
		portellopopcornremoval@g			
e e d i e	.•.		to be used for future annual re	port notification)	
		ncerning this matter, please ca			
Amber Portello			407 694- at ()		
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a cl	heck for the	following amount:			
\$25.00 Fili	ng Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	te of Status &
Regis	ng Address stration So iion of Co		_	<u>ress:</u> ion Section of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Portello Popcorn Removal, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L18000156016	were filed on June 26, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbrev	riation "L.IC."
Enter new principal offices address, if applicable:		<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)		2021 SE
	<u> </u>	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		第 章 二
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B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	·
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am fam rovided for in Chapter 605, F.S. Or, if t	iliar with and his document is

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	Amber Portello	117 N Weathersfield Ave	= Add
		Altamonte Springs. FL 32714	□Remove
			□ Change
MGR	Ryan Portello	117 N Weathersfield Ave	
		Altamonte Springs, Fl. 32714	= Remove
			□ Change
			□Remove
			Change
			□Add
			□ Remove
			Change
		- 	🗆 Add
			□Remove
			□ Change
			□ Remove
			Change

Effective date, if other than the date of filing: January 1, 2020 (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Porsuant to 605 6207. Note: If the date inserted in this block does not meet the applicable statustry filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated Signature of a member or authorized representative of a member	_	
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		Exped or printed name of signee

Filing Fee: \$25.00