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To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 : (407)932-0040 : (407)520-5473

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Email | Address: | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PORCHETO INVESTMENTS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

| | O INVESTMENTS LLC | | | |
|---|---|--|---|--|
| SUBJECT: | Name of Limit | ed Liability Company | | |
| The enclosed Articles of | PORCHETO INVESTMENTS LLC Name of Limited Liability Company stenclosed Articles of Amendment and fee(s) are submitted for filing. and accretion all correspondence concerning this matter to the following: ADOLFO GERINI Name of Person PORCHETO INVESTMENTS LLC Firm/Company 3341 WHITESTONE CIR APT 203 Address KISSIMMEE, FL 34741 City/State and Zip Code PORCHETO INVEST@GMAIL COM E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: DOLFO GERINI Name of Person 1407 Area Code Daytime Telephone Number Inclused is a check for the following amount: \$\frac{407}{Area Code}\$ Daytime Telephone Number \$25.00 Filing Fee \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\frac{500.00 Filing Fee}{(additional copy is enclosed)}\$ Certificate of Status & Certificat | | | |
| Please return all correspo | ndence concerning this matter t | o the following: | | |
| | ADOLFO GERINI | | | |
| | | Name of Person | | |
| | PORCHETO INVESTMEN | VTS LLC | | |
| | | Firm/Company | | |
| | 3341 WHITESTONE CIR | APT 203 | | |
| | | Address | | |
| | KISSIMMEE, FL 34741 | | | |
| | | • | | |
| | | | ication) | |
| For further information (| | | | |
| | · · · · · · · · · · · · · · · · · · · | 407 433-1185 | | |
| | of Person | at (Daytime Telephone Number | | |
| (value v | 0(1.000) | | | |
| Enclosed is a check for | the following amount: | • | | |
| ■ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy | |
| Registration Section Division of Corporations | | Registration Sec Division of Cor The Centre of T | porations fallahassee e Street, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PORCHETO INVESTMENTS LLC | | · |
|---|---|------------------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company with the Florida document number L18000250451 | vere filed on 10/24/2018 | 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 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 a agent and/or the new registered office address here: | uddress on our records, <u>enter tb</u> | e name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | ida P |
| New Registered Agent's Signature, if changing Registered Agent: | City | 当2008 1008 |

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 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 | Jennifer C. Morrell Biscaro | 3341 WHITESTONE CIR | ≅Add |
| | | UNIT 203 | □Remove |
| | | KISSIMMEE, FL 34741 | Change |
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| Effective date, if other than the date of filing: | | (option | nal) | |
| f an effective date is listed, the date must be specific and cannot | be prior to date of filing | or more than 90 days after f | iling.) Pursuant (| o 605.020 |
| Note: If the date inserted in this block does not meet the locument's effective date on the Department of State's r | | ming requirements, this | date will not 0 | e nstea a |
| · | | | | |
| record specifies a delayed effective date, but not an effe | ective time, at 12:01 a | .m. on the earlier of: (b) | The 90th day | affer the |
| d is filed. | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ** * * | 007 |
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| Dated 10 20 |)21 | | 5E | . 13 PM |
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| Mar | | | 107 | _ _ယ |
| 7 740 | or authorized represent | ative of a member | <u> </u> | ြယ |
| Signature of a member | or administed represent | | <u> </u> | |

Filing Fee: \$25.00