L19000 098 296

(December 1)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
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ALLANASSE FLORIDA

COVER LETTER

	Registration S Division of Co			
CHD IEC	Portables,	LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all corresp	ondence concerning this matter	to the following:	
		Laura Renzi		
			Name of Person	
		7120 W Lago Drive	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		7120 W Lago Diffe	Address	
		Coral Gables, FL 33143	, idea occ	
		lrenzi68@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report ne	otification)
For furthe	er information	concerning this matter, please ca	all:	
Laura Re			305 979-7413 at ()	
	Name	of Person	Area Code Dayt	ime Telephone Number
Enclosed	is a check for	the following amount:		
□ \$25.0	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:

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

Portables LLC (Name of the Limited Liability Compa	and it now appears on our records	
(A Florida Limited I	Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number L19000098296	were filed on 04/09/2019	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
loth Republic, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	7120 WLago Drive	ES
Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33143	EP 2
nter new mailing address, if applicable:	NA	
Mailing address MAY BE A POST OFFICE BOX))
3. If amending the registered agent and/or registered o	ffice address on our records,	enter the name of the
egistered agent and/or the new registered office address her	<u>œ</u> :	
Name of New Registered Agent:	N/4	
New Registered Office Address:	C Cl -: 1 11	- · - · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
	, Flori	da Zip Code
	City	Lip 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.

F | A | 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>	Type of Action
MGR	Javier Handal	10265 SW 24 Ct Miramar, FL 33025	∃ Add
			□ Remove
			Change
			☐ Remove
			Change
			Add
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Effective date, if other	er than the date of filing:		(optional)	
Note: If the date insert	er than the date of filing: the date must be specific and cannot ed in this block does not meet the ate on the Department of State's recommendation.	applicable statutory	or more than 90 days after filing.) Falling requirements, this date w	Pursuant to 605.0207 ill not be listed as
ne record specifies The 90th day aft	a delayed effective date, t er the record is filed.	out not an effectiv	ve time, at 12:01 a.m. or	n the earlier of
September 18 Dated	2019	• 		
		·		

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Typed or printed name of signee

Filing Fee: \$25.00