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	(Business Entity Nam	e)
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Certified Copies	Certificates	of Status
Special Instruction	ns to Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2021

NICOLE SURILLO (\$561 ORTEGA AVE. DELTONA, FL 32738

SUBJECT: PONTE CUTIE LLC Ref. Number: L19000281187

We have received your document for PONTE CUTIE LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000236192.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 421A00013559

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Porte Cutie LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Nicole Surillo Name of Person	
Porte Cutie LLC Firm/Company	
1501 Or tega Ave Address	
Cabanadreams @gmail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (LN7) 435 7282. Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee Certificate of Status □ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	tus &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: Portl Cutie LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
,
Name of Person
Port Cutil LLC Firm/Company
1501 Ortega Ave
City/State and Zip Code SUN 110 @ Q WOUL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 435 7282 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tourhom It may onclen.

I could today as I was ventiling the name amendment I nad! placed in April and to my disappointment, there is another entity with the some name. Talk about getting to work, 2 months in and she gets the name in May. Yay' with that Deing Said I and going to dange the name to Cabana Dreams Boutique LLC

Hopefully if done timely it will Still be available Sornett just always have been a fast worker and in times of COVID didn't realize so many people were amending many people were amending

Micole Surillo

Midlith

+check processed

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ponte Cutie LLC	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on	2/2019 and assigned
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	TLLC" 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 address on our records.	enter the name of the new registered
agent and/or the new registered office address here:	921
	- 1
Name of New Registered Agent:	0
New Registered Office Address:	
Enter Florida stree	t address
	Florida
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.

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an effective date is lote: If the date in	other than the date of listed, the date must be specuserted in this block does we date on the Department.	cific and cannot be prior es not meet the applic	able statutory filing:	(optiona e than 90 days after filir requirements, this da	ur) Purcuant to 605 000
record specifies a is filed.	delayed effective date, l	but not an effective ti	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ited <u>Ma</u>	4 28		1.		
	Nigh	rs of a member or author	orized representative of	a member	

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 = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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