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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nam | e) |
| (= - | , · · ··· | -, |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Cor | porations | | | | | |
|--|----------------------------------|-----------------------------|--|--|----------------|------------|
| PORT 6 | | | | | | |
| SUBJECT: | Name of Lim | nited Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | | |
| | KURT ZIMMERMAN | | | | | |
| | | Name of Person | · | | | |
| | ZIMMERMAN & ASSOC | CIATES | | | | |
| | | Firm/Company | | | | |
| | 2400 E. COMMERCIAL | BOULEVARD, SUITE | E 820 | | | |
| | | Address | pany SUITE 820 | | | |
| | FORT LAUDERDALE, F | FL 33308 | | | | |
| | KURT@ZIMMERMANLA | City/State and Zip Code | | | | (D |
| | | (to be used for future annu | ual report notificatio | n) | ~ - ~ | ζ, |
| For further information of | concerning this matter, please c | :all: | | | , - | • |
| KURT ZIMMERMAN | | 954 | 202-7440 | | (-) | |
| Name o | of Person | at () _ Area Code | Daytime Tele | phone Number | ∧ II: 25 | リブ |
| Enclosed is a check for the | he following amount: | | | | Ξ | |
| ■ \$25.00 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) | | |
| <u>Mailing Addres</u> Registration : Division of C | Section | Regis | Address: stration Section ion of Corpora | ions | | |
| P.O. Box 632 | | | Centre of Tallah | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PORT 68 LLC | | | |
|--|--|------------------|------------|
| (<u>Name of the Limited Li</u> (A Fl | ability Company as it now appears on our records.) orida Limited Liability Company) | <u> </u> | |
| he Articles of Organization for this Limited Liabili | ty Company were filed on02/11/2021 | and ass | igned |
| forida document numberL21000071805 | | | |
| his amendment is submitted to amend the following | g: | | |
| 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 al | bbreviation "L.l | L.C." |
| Enter new principal offices address, if applicable | : | | |
| <u>Principal office address MUST BE A STREET Al</u> | DDRESS) | | |
| | | - | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| <u>Mailing address MAY BE A POST OFFICE BOX</u> | 2 | | |
| | | | |
| | 1. | | 4 ! |
| 3. If amending the registered agent and/or regist | ered office address on our records, <u>enter the nan</u> | ie of the new | regis |
| gent and/or the new registered office address he | <u>re</u> : | 1.1 | |
| | | , - | |
| Name of New Registered Agent: | | <u></u> | |
| New Registered Office Address: | | `P\$ | |
| | Enter Florida street address | == | フ |
| | , Florida | 2 | |
| | 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.

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 | MICHAEL THOMAS YIANILOS | 649 NE 26TH AVENUE | □Add |
| | | FORT LAUDERDALE, FL 33304 | □Remove |
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| ffective date, if other t | han the date of fil | lina: | | (omt | ional) | Ĵ |
| Affective date, if other the an effective date is listed, the Note: If the date inserted is locument's effective date in the locument of the l | date must be specific in this block does no | and cannot be prior to timeet the applica | o date of filing or n ble statutory filir | ore than 90 days after | r filing a Pursuant | to 605.020 be listed a |
| record specifies a delayed his filed. | effective date, but i | iot an effective tin | ne, at 12:01 a.m. | on the earlier of: (| b) The 90th da | y after the |
| atedJULY 2. | 3 Mu-Signature of | 2021 | | | | |
| 10 | 2×112 | _ | | | | |

Filing Fee: \$25.00