L21000429888

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COVER LETTER

TO:	Registration Se Division of Cor			
	Porto Bello	Street, LLC	+	
SUBJE	CT:	Name of Lim	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Luca Di Nunzio		
			Name of Person	
		Dorcey Law Firm		
			Firm/Company	
		10181 Six Mile Cypress P	kwy, Suite C	
			Address	
		Fort Myers, FL 33966		
			City/State and Zip Code	
		support@dlfregisteredagen		
		E-mail address: (to be used for future annual report no	offication)
For furth	her information c	oncerning this matter, please c	all:	- 7
Luca D	i Nunzio		239 308-1073 at ()	· · ·
	Name o	f Person		me Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.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		Street Address:	action
	Registration S Division of C		Registration S Division of Co	
	P.O. Box 632	.7	The Centre of	Tallahassee
	Tallahassee, l	FL 32314	2415 N. Mont	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Porto Bello Street, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/30/2021 and assigned Florida document number 1.21000429888 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 "LLC" or the abbreviation "L.L.C." 16000 PORTO BELLO STREET Enter new principal offices address, if applicable: APT. #1 (Principal office address MUST BE A STREET ADDRESS) BOKEELIA, FL 33922 16000 PORTO BELLO STREET Enter new mailing address, if applicable: APT. #1 (Mailing address MAY BE A POST OFFICE BOX) BOKEELIA, FL 33922 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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.

New Registered Agent's Signature, if changing 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	SINN, ROGER K	16000 PORTO BELLO STREET	
		APT. #1	□Remove
		BOKEELIA, FL 33922	⊟ Change
			□ Add
			□Remove
			🗀 Add
			🗆 Remove
			Change
			Add .
			Remove
			□Add
			□ Remove
			Change
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			Remove
			□Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more e: If the date inserted in this block does not meet the applicable statutory filing rument's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 605.02 requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on filed.	the earlier of: (b) The 90th day after the
ed October 13, 2021	