

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L21000494859

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000252637 3)))



H220002526373ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : GARCIA GARCIA ASSOCIATES INC
 Account Number : I20110000056
 Phone : (305)823-9292
 Fax Number : (305)824-0703

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

Email Address: ATCGIE@yahoo.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 PORTILLO CONSTRUCTION SERVICES OF FL, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 JUL 26 PM 3:47

2022 JUL 26 PM 5:48

ALL INFORMATION
 FILED

H220002526373

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PORTILLO CONSTRUCTION SERVICES OF FL, 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 11/17/2021 and assigned Florida document number L21000494859.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PORTILLO GENERAL CONSTRUCTION SERVICES OF FL, LLC.

The new name must be distinguishable and contain the words "Limited Liability 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 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

_____, Florida

City

Zip Code

FILED
2022 JUL 26 PM 5:11
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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 Changing Registered Agent, Signature of New Registered Agent

H220002526373

