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COVER LETTER

Division of	Corporations		
Portage SUBJECT:	e Place LLC		
Soldie .	Name of Limited Liability Company		
The enclosed Article	es of Amendment and fee(s) are submitted for filing.		
Please return all corr	respondence concerning this matter to the following:		
	Justin Neelis		
	Name of Person	-	
	Firm/Company	-	
	11280 Coral Key Drive		
	Address	-	
	Boca Raton, FL 33498		
	City/State and Zip Code	-	
	jneelis02@gmail.com	202 SEC	
	E-mail address: (to be used for future annual report notification)	21 D EOR FAL	
For further information	ion concerning this matter, please call:	5. 6	:
Justin Neelis	917 951-9919 at ()	-6 P	
Nar	nne of Person Area Code Daytime Telephone Number	r : : = = = = = = = = = = = = = = = = =	1 / P
Enclosed is a check f	for the following amount:		
≅ \$25.00 Filing Fo	Certificate of Status Certified Copy Certifica (additional copy is enclosed) Certified	ite of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Portage Place LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Liability Comp	any were filed on 11/22/2021	and assigned
lorida document number L21000501271		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ne new name must be distinguishable and contain the words "Limited I.	iability Company,,, the designation "LLC	C., or the abbreviation "L.L.C.,,
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	·
		202
		ACC DE TO
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		. 0
		, . · · · · · ·
. If amending the registered agent and/or registered offigent and/or the new registered office address here:	ce address on our records, enter	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	22
	· · · · · · · · · · · · · · · · · · ·	orida
	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 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>	Address	Type of Action
AMBR	Justin Paul Neelis	11280 Coral Key Drive	\ \tag{Add}
		Boca Raton, FL 33498	□Remove
			≅Change
			□ Add
			□Remove
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Ffective date, if other than the date of filing an effective date is listed, the date must be specific an ote: If the date inserted in this block does not ocument's effective date on the Department of	nd cannot be prior to meet the applicab	o date of filing or oble statutory fili	nore than 90 days af	tional) ter filing.) Purs his date will i	nuant to 605.02 not be listed
record specifies a delayed effective date, but no is filed.	ot an effective tim	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th	h day after th
November 22	2021	_ •			
<u> </u>					
a. a. Mali	member or authori				