22000057842

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000379992990

RECEIVED

Y SULKER FEB 1 8 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I2000000088

Date: February	17, 2022		Accounts. 12000000000
Name: David S	hulman		
Reference #:	1600005		
Entity Name:	PORT OF	RANGE BURGER KIN	IG, LLC
Articles of Incorpo	ration/Authoriz	zation to Transact Busine	\$S
Amendment			
☐ Change of Agent			ISSUES? CALL
Reinstatement			David:
Conversion			850-270-0082
☐ Merger			
Dissolution/Withdo	rawal		
Fictitious Name			
Other			
Authorized Amount:	\$2 5.0	00	
Signature:	David Shulman		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Port Orange Burger			
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appe	ars on our records.)	
The Articles of Organization for this Limited Liability Company were Florida document number		February 14, 2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany." the	designation "LEC" or the abbi	reviation "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) ———————————————————————————————————			2
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address (on our records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter F	orida street uddress	
	-	, Florida	
	Giù.	1 101144	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. Thereby 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>	Name	Address	Type of Action
MGR	John Zachary Bonsall	3519 NE 15th Avenue, Suite 251	Add
		Portland, OR 97212	☐ Remove
			Change
			□ Remove
			⊡ Change
			□ Remove
			Change
			Add
			Remove
			Change
			G Chánge
			Remove

					
	<u></u>			<u></u>	
					
					<u></u>
e: If the di	e, if other than the date of fitte is listed, the date must be specific ite inserted in this block does nective date on the Department	ot meet the applica	o date of filing or more ble statutory filing r	(optional than 90 days after filing equirements, this date) g.) Pursuant to 605.026 will not be listed a
record sp he 90th o	ecifies a delayed effectived after the record is file	e date, but not ed.	an effective tin	ne, at 12:01 a.m.	on the earlier
,	February 16	2022			
ed			2		
	_				
	Signatura	of a member or autho	rized representative of	'a member	

Page 3 of 3

Filing Fee: \$25.00