K22000069574

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2002)
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COVER LETTER

TO:

Registration Section

Division of C	orporations		
Stay And	lers LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Junior Jean		
		Name of Person	. -
	Stay Anders LLC		
		Firm/Company	Firm/Company Address State and Zip Code ed for future annual report notification) at () Area Code Daytime Telephone Number 555.00 Filing Fee & Certified Copy Certificate of Status &
	111 Ne 1st Street 8FL		
		Address	
	Miami, FL 33132		
	 	City/State and Zip Code	
	junior@stayanders.com		
			tification)
	concerning this matter, please c		
Junior Jean		305 202-3170 at ()	
Name	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Add Registration			ection
Division of	Corporations	Division of Co	orporations
P.O. Box 6. Tallahassee			Tallahassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Stay Anders LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Flone	da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L22000069574	Company were filed on 2/10/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lic	mited 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 ADD	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	S
	, Flo	orida
	Ciry	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 Changi	ng Registered	l Agent, Signati	ire 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
MGR	Portaux Holdings LLC	8 The Green Suite 8231 Dover, De 19901	🖸 Add
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ctive 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 meet the date inserted in this block does not meet the applicable statutory filing.		al)	05.02
effective date is listed, the date must be specific and cannot be prior to date of filing or meg. If the date inserted in this block does not meet the applicable statutory filingment's effective date on the Department of State's records.	ore than 90 days after fil	ing.) Pursuant to 60	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of filed.	on the earlier of: (b)	The 90th day aff	ter the
ed 05/07/22.			
(Minn)			

Filing Fee: \$25.00