

L2200025561

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000391246 3)))



H240003912463ABC-

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

From: Account Name : CONTADORUSA INC.
Account Number : I20200000118
Phone : (305)260-6968
Fax Number : (786)513-7810

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

Email Address: _____

RECEIVED

2024 DEC 12 AM 10:50

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 DEC 12 PM 1:00
TALLAHASSEE, FLORIDA

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PORTOFINO BRANDS LLC**

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K. SALY

DEC 13 2024



December 12, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PORTOFINO BRANDS LLC
6236 KINGSPONTE PKWY, STE 1
ORLANDO, FL 32819US

SUBJECT: PORTOFINO BRANDS LLC
REF: L22000255561

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H24000391246
Letter Number: 124A00026930

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

PORTOFINO BRANDS LLC

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

FILED
2024 DEC 12 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on L22000255561 and assigned
Florida document number 6/3/2022.

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."

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:

FL REGISTERED AGENTS SERVICES LLC

New Registered Office Address:

15805 BISCAYNE BLVD STE 201

Enter Florida street address

AVENTURA

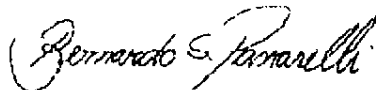
, Florida 33160

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

Title	Name	Address	Type of Action
AMBR	DUPONT, GILBERTO	846 SW 14TH ST	<input type="checkbox"/> Add
		FORT LARDERDALE, FL 33315	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VENTURA MARINE USA LLC	846 SW 14TH ST	<input checked="" type="checkbox"/> Add
		FORT LARDERDALE, FL 33315	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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