pg i of 4



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 : (561)694-8107 : (561)214-8442 Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PORTOCRISTO LLC

Certificate of Status	0
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Electronic Filing Menu

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T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PORTOCRISTO LLC						
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appears on outling it now appears on outling Company)	ur records.)			
The Articles of Organization for this Limited Li Florida document number <u>L22000273103</u>	ability Company	were filed on $\frac{06/15/20}{}$	22	a	and assi	gned
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liabi	ility company here:				
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designat	ion "LLC" or the	e abbrevia	tion "L.L	C."
Enter new principal offices address, if applic	able:	7901 4th St N #24384				
(Principal office address MUST BE A STREE	T ADDRESS)	St. Petersburg, FL, 33702, USA				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	7901 4th St N #24384 St. Petersburg, FL, 33				
B. If amending the registered agent and/or ragent and/or the new registered office address		nddress on our record	s, <u>enter the n</u>	ame of t	he new	registere
Name of New Registered Agent:	Corporate Creat	tions Network Inc.		· ;	<u></u>	<u>.</u>
New Registered Office Address:	801 US Highwa	-		; : 6	P:-	111
	North Palm Bea	Enter Florida stra ach	ret address , Florida	33408	2: 03	
		City		Ziį	o 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 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
			□Add
			□Remove
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			□Remove
			Change
			□Add
			□Remove
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			□Remove

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Signature of a member or authorized representative of a member					
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Filing Fee: \$25.00