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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Portal Innovation, LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jason Roach Name of Person	
Portal Innovation Firm/Company	
. A A	
13890 MCGregor BIVD	
Fort Myers FL 33919 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jason Roach at (715) 969. 9148	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee S\$ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Street Address: Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Portal Inno	vation. LC	2022 01. 31 7111: 16
(Name of the Limited I	Liability Company as it now appears on or Torida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabi		01 2022 and assigned
This amendment is submitted to amend the followi	(Name of the Limited Liability Company as it now appears on our records.) (Name of the Limited Liability Company were filed onO_TO_S	
A. If amending name, enter the new name of the	e limited liability company here:	
he new name must be distinguishable and contain the words	s "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl		
Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	
3. If amending the registered agent and/or registered agent and/or the new registered office address h		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	ret address
_		
	Ciţy	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 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 Daniel Gitlin Fort Myers, FL 33919 AMBR ______ □Remove _____ □Remove _____ □Change ______ Change ______ □Add ______ Remove _____ Change _____ □Remove Change

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fect	ive date, if other than the date of filing:
ın ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote: cun	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ient's effective date on the Department of State's records.
ของ	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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	Signature of a member or authorized representative of a member
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