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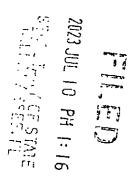
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Y. SCOTT AUG 13 2023

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	zistration Section Sec	*4	•	
SUBJECT:	Portelles Express, LLC			
30131.01.	Name of Limited Liability Company			
	d Articles of Amendment and fee(s) are submitted for filing.			
Please return	all correspondence concerning this matter to the following:			
	Yvette Portelles			
	Name of Person			
	Portelles Mobile Notary Services, LLC			
	Firm/Company	(3) (4)	202	
	22277 S.W. 103 Avenue		2023 JUL 10 PH 1: 1	•
	Address			i
	Cutler Bay, Florida 33190		<u>تۇ</u> _	ij
	City/State and Zip Code	. 0		Ę
	PortellesMobileNotaryServices@gmail.com		90	
	E-mail address: (to be used for future annual report notification)	''''	٠,	
For further in	nformation concerning this matter, please call:			
Yvette Porte	lles 305 873-7853			
	Name of Person Area Code Daytime Telephor	ne 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) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Portelles Express, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/19/2022}{1}$ __ and assigned Florida document number 1.22000528539 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Portelles Mobile Notary Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/Λ Name of New Registered Agent: N/ANew Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida

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
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: If the date inserted in this	ust be specific and cannot be prior to da block does not meet the applicable	ite of filing or more than 90 di statutory filing requireme	(optional) sys after filing, nts, this date	Pursuant to 605.0 will not be listed
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ord specifies a delayed effect filed.	ive date, but not an effective time,	at 12:01 a.m. on the earlie	rof:(b) The	e 90th day after t
d June 28	. 2023			
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with	Signature of a member or authorized		-	

Filing Fee: \$25.00