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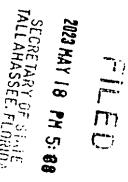
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COVER LETTER

TO: Registration Section Division of Corporations

PORTILL. SUBJECT:	A MANAGEMENT GROUP. L	LC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joseph R. Portilla		
		Name of Person	
		Firm/Company	.
	8403 PINES BLVD #1332		
	·	Address	
	PEMBROKE PINES, FL 3	33024	
		City/State and Zip Code	
	PMGFL@OUTLOOK.COM	Л	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Joseph R. Portilla		954 393-5728	
Name	of Person	at () Area Code Daytim	e 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)	□ \$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

PORTILLA MANAGEMENT GROUP, LLC

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our re- Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Company	were filed on 01/18/2023	and assigned		
Florida document number <u>L23000034556</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6058 SW 18TH STREET #	,		
(Principal office address MUST BE A STREET ADDRESS)	MIRAMAR, FL 33023			
		—————————————————————————————————————		
		DZ3 HA		
Enter new mailing address, if applicable:		→ → → → → · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)	 	<u> </u>		
		Cor Sin		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:				
Negistered Office Address.	Enter Florida street aa	ldress		
		, Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is		

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JOSEPH R. PORTILLA	6518 SW 21 ST MIRAMAR, FL 33023	🗑 Add
			Remove
			Change
AMBR	LOU-JEANE PORTILLA	6518 SW 21 ST MIRAMAR, FL 33023	□Add
			□ Remove
			≘ Change
			□Add
			□Remove
			Change
			□ Add
			Remove
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				7 2 at at	
ective date, if other than the effective date is listed, the date must e: If the date inserted in this blument's effective date on the De	ck does not meet the	applicable statu	filing or more than 90 tory filing requires	(optional) days after filing.) ments, this date	Pursuant to 605.0 will not be listed
cord specifies a delayed effective s filed.	date, but not an effec	tive time, at 12	:01 a.m. on the ear	lier of: (b) The	; 90th day after t
MAY 9TH	. 2023	·			
100) ()-An-				
	Signature of a member of	or authorized reor	esentative of a meml	 per	

Filing Fee: \$25.00