

L23000070191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2023 JUL -6 PM 4:26

S. FR. 104
AUG 15 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PORT KINGS 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:

ARPANA SHIVDASANI
Name of Person

PORT KINGS LLC
Firm/Company

1563 CAPITAL CIRCLE SE, STE 502
Address

TALLAHASSEE, FL - 32301
City/State and Zip Code

info @ portkings.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAM SHARMA at (917) 528-0694
Name of Person Area Code Daytime 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

PORT KINGS 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 02/07/23 ~~02/07/23~~ and assigned
Florida document number L23000070191

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)

1563 CAPITAL CIRCLE, SE STE 502

TALLAHASSEE, FL - 32301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1563 CAPITAL CIRCLE, SE STE 502

TALLAHASSEE, FL - 32301

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:

SARAN SH SHARMA

New Registered Office Address:

1563 CAPITAL CIRCLE SE, STE 502

Enter Florida street address

TALLAHASSEE

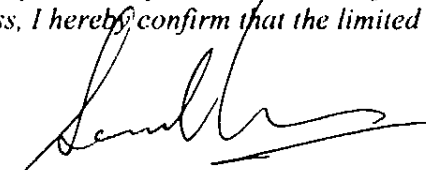
City

Florida 32301

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR SELENA L. CORREA 1231 PERIWINKLE PLACE ☐ Add
WELLINGTON, FL - 33414 ☒ Remove

_____ ☐ Change

AMBR ARPANA SHINDASANI 1563 CAPITAL CIRCLE SE, STE 502 ☐ Add
TALLAHASSEE, FL - 32301 ☐ Remove
☒ Change

<u>MBR</u>	<u>MIRIAN FIGUEROA</u>	<u>611 S C ST</u>	<input type="checkbox"/> Add
		<u>LAKE WORTH, FL - 33460</u>	<input checked="" type="checkbox"/> Remove
		<u> </u>	<input type="checkbox"/> Change

AMBR SARANSH SHARMA 1563 CAPITAL CIRCLE SE, STE 502 ☒ Add

TALLAHASSEE, FL - 32301 ☐ Remove

☐ Change

AMBR SFT GROUP INC 1563 CAPITAL CIRCLE, SE STE 502 ☒ Add

TALLAHASSEE, FL - 32301 ☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

