L23000330906

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(Address)
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PICK-UP WAIT MAIL
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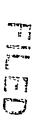
COVER LETTER

	ion of Corp			
F SUBJECT: _	ORT SIDE			
30 131 201		Name of Limi	ited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return a	II correspon	dence concerning this matter	to the following:	
		MARK RUPPERT		
			Name of Person	
			Firm/Company	
		3090 NE 48TH ST UNIT :	317	
			Address	
		FORT LAUDERDALE FI		
		NICKO NIC	City/State and Zip Code CRR. COM to be used for future annual report noti	fication)
For further inf	ormation cor	ncerning this matter, please ca		
NICK RUGG	ERI CPA		727 517-5264 at ()	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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 SIDE DR 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 Com	many ware filed on 07/12/20	023	and assigned	
Florida document number L23000330906	pany were med on		and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	I liability company here:			
PORT SIDE DRIVE LLC				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa-	ation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
Enter new mailing address, if applicable:		<u>-</u>		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	Mice address on our record	ds, <u>enter the nan</u>	e of the new registered	
New Registered Office Address:				
		Enter Florida street address		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered A			21/7 C. O. C.	
I hereby accept the appointment as registered agent and				

If Changing Registered Agent, Signature of New Registered Agent 7

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
			□Add
		 	Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			Adda PH Channe

					
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Tective date, if other than th	ust be specific and o	cannot be prior to date set the applicable st	of filing or more than 90) days after filing.) Pu	rsuant to 605.0207 (3) I not be listed as the
n effective date is listed, the date mote: If the date inserted in this locument's effective date on the	Department of Sta		12:01 a.m. on the ear	rlier of: (b) The 90	Ith day after the
an effective date is listed, the date mote: If the date inserted in this locument's effective date on the precord specifies a delayed effective is filed.	Department of Sta		12:01 a.m. on the ear	rlier of: (b) The 90	Oth day after the

Filing Fee: \$25.00