

7/19/23, 12:59 PM

# L23000335234

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.  
Account Number : 120050000099  
Phone : (813)932-5244  
Fax Number : (813)932-3782

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: info@activatemylicense.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE BIG STRENGTH CORPORATION**

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 JUL 20 10:08 AM  
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K. SALY

JUL 20 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PORTLOCK CONSTRUCTION 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:

**KIM RITTER**

Name of Person

**CONTRACTORS REPORTING SERVICE INC**

Firm/Company

**2513 SR 54 PMB 336**

Address

**LUTZ, FL 33549**

City/State and Zip Code

**info@activatemylicense.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**KIM RITTER**

Name of Person

**813**

Area Code

**932-5244**

Daytime Telephone Number

**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**

**PORTLOCK CONSTRUCTION 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 7/14/2023 and assigned  
Florida document number L23000335234.

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)**

**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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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>
MGR	FRANK PORTLOCK JR		<input type="checkbox"/> Add
		2112 W STATE ST	<input type="checkbox"/> Remove
		TAMPA, FL 33606	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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JUL 20 2023  
TAMPA, FL  
COUNTY CLERK'S OFFICE

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2023 JUL 20 11 51 AM  
-ALABAMA- 1000

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated: 7/19/2023

DocuSigned by:  
[Signature]  
000214528001044

- QGB31586CB79464 ..

Signature of a member or authorized representative of a member

FRANK PORTLOCK JR

Typed or printed name of signee

H23000252379.