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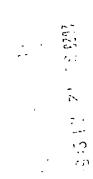
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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A. RIVERS SEP 30 2023

COVER LETTER

TO: Registration Section Division of Corporation		0 -	
	60 W.	land IV	46
SUBJECT:	Name of Lim	ited Liability Company	
	Name of Dist	ned blabinty company	
The enclosed Articles of Art	andment and foo(s) are sub	mitted for Gline	
		-	
Please return all corresponde	ence concerning this matter	to the following:	
	Ba	irbara Dixor)
	\bigcirc	Name of Person	
	12555 Dis	scayne Blud #1	157
		Firm/Company	
	North 1	-liami	
	1	Address	
	Min	mi f 33181	
,		City/State and Zip Code	
	t* 1 1		
		to be used for future annual report notif	ication)
For further information cond	erning this matter, please ca		
Borbara	Dixon	at (786) 344-	1360
Name of Pe	<u></u>		Telephone Number
Enclosed is a check for the f	ollowing amount:	• • •	
□ \$25.00 Filing Fee	X \$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 Sec	etion	<u>Street Address:</u> Registration Sec	ction

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

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

6	Portles	PASSION L	LC	
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on o liability Company)	ur records.)	
The Articles of Organization for this Limited L	iability Company	were filed on 08.	15.2023	and assigned
This amendment is submitted to amend the follo	- 			
A. If amending name, enter the new name o	f the limited liab	<u> </u>		
The new name must be distinguishable and contain the w		· • · · · · · · · · · · · · · · · · · ·	ion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic		North M	iscarne	B/Vol # 1157 3318.1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	12555 B:	scayne liami, F	Blvd = 1157
B. If amending the registered agent and/or r agent and/or the new registered office addre		ddress on our record	s, enter the nar	ne of the new register
Name of New Registered Agent:		NJA		7
New Registered Office Address:	12555	Biscoyne	Blud #	1157
	North	Enter Florida str	eet address , Florida	33/8/ ^N
Name Description and Association Science and Science a	D	Cu3.		zip Coae 🚅 - CO

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 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>	Name	Address	Type of Action
MGR	Brandon Richardson	Address 12-555 Biscayne Blud # 1157 North Miami Fl 33181	_ ⊠ Add
		Mikinie Dunn	_ DRemove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
		<u> </u>	_ Change
			_ 🗆 Add
			_ □Remove
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Effective date, if other fan effective date is listed.	r than the date of the the date must be specific:	ing: and cannot be prior to	date of filing or more than	(optional) 90 days after filing.) Purs	uant to 605.0
Note: If the date in serte document's effective da			e statutory filing requir	ements, this date will r	ot be listed
e record specifies a delay rd is filed.	yed effective date, but i	not an effective time	, at 12:01 a.m. on the e	rlier of: (b) The 90th	i day after t
id is fried.				<i>(</i>	
Dated 09. 09	& .	2023 (
			10		_
					-
	Signature of	a member or authoriz	red representative of a me	mber	

Filing Fee: \$25.00