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(((11240001648043)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BYPATRICKPORTELA LLC

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T. LEMIEUX MAY 07 2024 * Page: 2 of 4

To:

2024-05-07 09:09:16 UTC+14

18506176383

From: ZenBusiness User

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000164804.3

7 1	•	
BYPATRICKPORTELA LLC		
(Name of the Limited Liability Comp. (A Florida Limaed	any as it non-appears on our records.) Diability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000516762</u>	were filed on and assigned and assigned	
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company bere:	
Patrick Portela Salon LLC		
The new name must be distinguishable and contain the words "Limited Liabi	dity Company," the designation "LLC" or the abbreviation "LLC."	-
Enter new principal offices address, if applicable:	5968 clark center ave	
(Principal office address MUST BE A STREET ADDRESS)	Sarasote, FL 34238	-
	US	B)
		-
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		_
	<u> </u>	
B. If amending the registered agent and/or registered office	address on our records, enter the name of the new regist	ered
agent and/or the new registered office address here:	-1	
Name of New Registered Agent:		
		-
New Registered Office Address:	Enter Florida street address	-
	-	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	·	
THE RESILENCE OF THE PROPERTY		

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

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MGR = Manager

To:

2024-05-07 09:09:16 UTC+14

18506176383

From: ZenBusiness User

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
		W-814	□Add	
			□ Remove	
			☐ Change	
			□Add	
			□Remove	
			□Change	
	***************************************	•		
			☐ Remove	
			☐ Change	
			DAdd	
			Пкелюче	
			□Change	
			DAdd	
			□ Remove	
			□Change	
			DAdd	
		<u> </u>	□Remove	

_ 🗆 Change

To:

1124000164804.3

. H amending any other fully i	nation, enter change(s) here: Attach	adauumui sneeis, y necessary.)
W		

Note: If the date inserted in this	ast be specific and cannot be prior to date of fili	(optional) ing or more than 90 days after filing.) Pursuant to 605,0207 (3x) ry filing requirements, this date will not be listed as the
the record specifies a delayed effect cord is filed	ve date, but not an effective time, at 12:0	La m, on the earlier of; (b) The 90th day after the
Dated May 6th	2024	
	Patrick Portala	
	Signature of a member of authorized representation	entative of a member

Typed or printed name of signee