

(Requestor's Name)
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04/03/24--01012--007 **05.00



COVER LETTER

	gistration Section of Corp			
eun ipet.	PORTILLO	CUSTOM FINISHES LLC		
SUBJECT:	-	Name of Limi	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		JOSE D. PORTILLO SAL	VADOR	
			Name of Person	
			Firn/Company	
		3903 W LEMON ST		
			Address	
		TAMPA, FL 33609	City/State and Zip Code	
		DANILO4991.JOSE@GMA	•	Jegrion
For further i	nformation co	neerning this matter, please ca		realion,
JOSE D PO	RTILLO SAL	VADOR	813 377-6339 at ()	
	Name of	Person	Area Code Daytime	e 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

PORTILLO CUSTOM FINISHES LLC	<u></u>	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/08/2024	and assigned
Florida document number L24000118492		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	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)		_ _
3. If amending the registered agent and/or registered office	address on our records, <u>enter the nar</u>	ne of the new regis
gent and/or the new registered office address here:		
		•
Name of New Registered Agent:		
New Registered Office Address:		·
Ten register office register.	Enter Florida street address	
	. Florida	
	City	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 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
MGR	JOSE D. PORTILLO SALVADOR	3903 W LEMON ST	
		TAMPA, FL 33609	Remove
			□Change
			□Add
			Remove
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			□Remove
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			□Remove
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Effective date, if other than the (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	block does not me	eet the applicab	date of filing or n le statutory filir	op nore than 90 days afing requirements, t	tional) ter filing.) Pursuant to his date will not be l	605.0207 (3) listed as the
the record specifies a delayed effect cord is filed.	ive date, but not a	m effective tim	e, at 12:01 a.m.	on the earlier of:	(b) The 90th day a	fter the
Dated MARCH 29		2024				
+67	?		•			
	Signature of a m	ember or authori	zed representativo	e of a member		•

Typed or printed name of signee