L24000330907

(Rec	questor's Name)	
(Add	iress)	-
(Add	iress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Numberj	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer.	

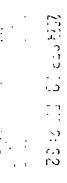




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COVER LETTER

TO: Registration Section Division of Corporation Corporation (Corporation Corporation)			
SUBJECT: Portimi	Holding LLC Same of Limit	red Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Piease return all correspond	lence concerning this matter to	o the following:	
	Deepak	Délyalt Name of Person	
		Firm/Company	
	7680 Univer	Sal Bivd Ste 400	
	Orlando,	FL 32819 City/State and Zip Code Portumo · com	
	E-mail address: (to	o be used for future annual report notification)	
For further information con	cerning this matter, please ca	II:	
Deepak	De Ivalle	at (407), 489 - 3097 Area Code Daytime Telephone Number	
Name of t	CISOR	Area code Paytine Perphone Painter	
Enclosed is a check for the	following amount:		
St \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
Mailing Address: Registration Se Division of Cot P.O. Box 6327	ection rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	7674 575 197
Tallahassee, FL		2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Portimo Holdi (Name of the Limited	Liability Compar	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liab Florida document number $\frac{L240003309}{}$	ility Company	were filed on 07/25/2024 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	<u>ie limited liabi</u>	lity company here:
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicab		7680 Universal Blyd Ste 400 Orlando, FL 32819
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	7680 Universal Bird Ste 400 Original FL 32519
B. If amending the registered agent and/or reg agent and/or the new registered office address l		ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	Deepa	K Delvalle
New Registered Office Address:	7680	Monversal Blud Ste 400 Enter Florida street address
	Orlana	City Florida 32819
New Registered Agent's Signature, if changing Reg	gistered Agent:	
provisions of all statutes relative to the proper accept the obligations of my position as registe	and complete ered agent as p gistered office	ne to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability
	If Chan	ging Registered Agent, Signature of New Registered Agent

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	Deepak Delvalle	7680 Universal Bird Ste 400 Orignolo FL 32736	Madd
		11377 Lemon Lopke Bivol Orlando, 32836	FL KRemove
			□ Change
			□Add
			Remove
			Change
			DAdd
		 	□Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necess		
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(If an el Note:	feetive date, if other than the date of filing:	ing.) Pursuant to 605	
the reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) led.	The 90th day after	r the
Dated		2021	
	9-5-24 Madinat	024.552	, mark and
	9-5-24 Signature of a member or authorized representative of a member		,