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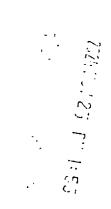
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11/25/24--01012--009 **25.00



COVER LETTER

SUBJECT:		NVESTIGATIONS, LLC		
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		EDUARDO PORTAL		
			Name of Person	
		PORTAL INVESTIGATIO	ONS, LLC	
			Firm/Company	
		15500 SW 299TH STREE	Т	
			Address	
		HOMESTEAD, FL 33033		
			City/State and Zip Code	
		PORTALINVESTIGATION		
			o be used for future annual report notific	cation)
For further in	formation co	oncerning this matter, please ca	ali:	
EDUARDO	PORTAL		786 230-7312 at ()	
	Name o	f Person	at ()	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	ling Addres		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section
Division of Corporations

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

ny as it now appears on our records liability Company)	<u> </u>		
were filed on 10/21/2024	and assigned		
This amendment is submitted to amend the following:			
lity company here:			
ity Company," the designation "LLC"	or the abbreviation "L.L.C."		
	<u>:</u> :		
	- 1		
	:		
ddress on our records, <u>enter</u>	the name of the new regis		
Enter Florida street address	s		
, Flo	orida Zip Code		
	lity company here: Ity Company," the designation "LLC" ddress on our records, enter Enter Florida street address., Flo		

New Registered Agent's Signature, if changing Registered Agent:

PORTAL INVESTIGATIONS, LLC

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

MICH	···iaiiage:	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BEATRIZ PORTAL	15500 SW 299TH STREET	□Add
		HOMESTEAD, FL 33033	≣Remove
			□ Change
MGR	EDUARDO PORTAL	15500 SW 299TH STREET	
		HOMESTEAD, FL 33033	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change

Effective date, if other than the date of filing: 11/21/2024		
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