

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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H220000600263ABCS

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*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**  
**POC CHUC LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

2022 FEB 15 PM 12:40

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2022 FEB 15 PM 4:44

APPROVED AND FILED

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

POC CHUC LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/01/22 and assigned  
Florida document number L22000054625.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

APPROVED  
AND  
FILED  
2022 FEB 15 PM 4:44  
CLERK OF CIRCUIT COURT  
IN AND FOR  
THE COUNTY OF  
DADE  
FLORIDA

**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 Changing 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>         | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|---------------------|--------------------------|--------------------------------------------|
| MGR          | BENEDIKT LECHNER    | 7901 4TH ST N STE 300    | <input type="checkbox"/> Add               |
|              |                     | ST. PETERSBURG, FL 33702 | <input type="checkbox"/> Remove            |
|              |                     |                          | <input checked="" type="checkbox"/> Change |
| MGR          | CHRISTOPH HEUERMANN | 7901 4TH ST N STE 300    | <input checked="" type="checkbox"/> Add    |
|              |                     | ST. PETERSBURG, FL 33702 | <input type="checkbox"/> Remove            |
|              |                     |                          | <input type="checkbox"/> Change            |
|              |                     |                          | <input type="checkbox"/> Add               |
|              |                     |                          | <input type="checkbox"/> Remove            |
|              |                     |                          | <input type="checkbox"/> Change            |
|              |                     |                          | <input type="checkbox"/> Add               |
|              |                     |                          | <input type="checkbox"/> Remove            |
|              |                     |                          | <input type="checkbox"/> Change            |
|              |                     |                          | <input type="checkbox"/> Add               |
|              |                     |                          | <input type="checkbox"/> Remove            |
|              |                     |                          | <input type="checkbox"/> Change            |
|              |                     |                          | <input type="checkbox"/> Add               |
|              |                     |                          | <input type="checkbox"/> Remove            |
|              |                     |                          | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Morgan Potter

Morgan Noble

Typed or printed name of signee