

**L03000007861**

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2017 JAN 18 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
JAN 20 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 13, 2016

JONATHAN PONSARD  
4530 NE 6 AVE.  
OAKLAND PARK, FL 33334

SUBJECT: PONASA GROUP, LLC  
Ref. Number: L03000007861

RECEIVED  
TALLAHASSEE, FLORIDA  
2017 JAN 18 AM 10:01

We have received your document for PONASA GROUP, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 016A00026502

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PONASA GROUP, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATHAN PONSARLO  
Name of Person

\_\_\_\_\_  
Firm/Company

4530 NE 6 AVE  
Address

OAKLAND PARK FL 33334  
City/State and Zip Code

ADRAICCHIO@PONASA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONETTA DRAICCHIO at (954) 600-6579  
Name of Person Area Code Daytime 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)

*Paid*

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PONASA GROUP LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/04/03 and assigned  
Florida document number L03000007861.

This amendment is submitted to amend the following:

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

PONASA, LLC

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)

4530 NE 6 AVE

OAKLAND PARK, FL 33334

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4530 NE 6 AVE

OAKLAND PARK, FL 3334

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:

JONATHAN PONSANO

New Registered Office Address:

4530 NE 6 AVE

Enter Florida street address

OAKLAND PARK

City

, Florida

33334

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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

E. 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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated JANUARY 9, 2017.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

JONATHAN PONSARD

\_\_\_\_\_  
Typed or printed name of signee