L04000040451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

200301655242

08/31/17--01027--005 **25.00

FILED
17 SEP -6 PM 1:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

9/6/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pomp Construction 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:

Sid L. Pomp
Name of Person

Pomp Construction Group LLC
Firm Company

37445 Ray Dr.
Address

Zephyr Hills FL 33541
City-State and Zip Code

SidPomp46@Gmail.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sid L. Pomp at (813) 263-6010
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee
IN HAND
Michelle

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Pemp Construction Group LLC
(Name of the Limited Liability Company as it appears on its records)

The Articles of Organization for this Limited Liability Company were filed on _____ 3ec04 and assigned
this document number L04-900004951

This amendment is executed to amend the Articles as:

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

N/A

(The new name must be distinguishable and cannot contain the words "Limited Liability Company" or the designation "LLC" or the abbreviation "L.L.C.")

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS) 37445 Ray Dr
Zephyrhills FL 33541

Enter new mailing address, if applicable:

N/A

(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: Sid L. Pemp

New Registered Office Address: 37445 Ray Dr.
(Post Office Box number not acceptable)

Zephyrhills, Florida 33541
(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 relating 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 608, F.S. 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.

[signature]
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 SEP -6 PM 1:45

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

Title	Name	Address	Type of Action
AMBR	Sid L. Pomp	3745 Ray Dr	☐ Change
		Apopka, FL 32712	☐ Remove
MGRM/MGR	Debbie Pomp		☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: 7-1st-2017 (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. [illegible]

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 1st Sept, 2017

Signature of a member or authorized representative of a member

Sid L. Pomp
Typed or printed name of signee

Filing Fee: $25.00