

L04000040451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

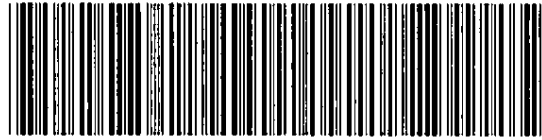
(Business Entity Name)

(Document Number)

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

[Signature] 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 fees 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
Ulitten Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Pamp Construction, Inc. P.L.C.
(Name of the limited liability company as shown appears in the records of the State of Florida)

The Articles of Organization for this limited liability company were filed on 2/20/84 and assigned
file designation number LOA-00000451

This amendment is submitted to amend the following:

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

N/A

(The name must be distinguishable and correct the words "limited liability company" or "limited liability" or the abbreviation "LLC")

Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS:

37445 Ray Dr

Zephyrus FL 32514

Enter new mailing address, if applicable:

N/A

Mailing address MUST BE A POST OFFICE BOX:

B. If amending the registered agent and/or registered office address as set forth, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent

Bill Pamp

New Registered Office Address

37445 Ray Dr

Zephyrus

FL

32514

New Registered Agent's Signature (If choosing 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. (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]
New Registered Agent's Signature (If choosing Registered Agent)

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If an existing Authorized Person(s) authorized to manage, enter the title, name, and address of such person, being added or removed from our records:

AMR - Manager
AMBR - Authorized Member

Title	Name	Address	Type of Action
AMBR	Sid L. Pamp	37445 Ray Dr	☒ Add
		25044 H. H. S. AL 35041	☒ Change
			☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

mgen/mge Debbie Pamp

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

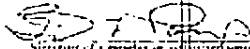
D. If amending any other information, enter changes(s) here: (Attach additional sheets if necessary)

E. Effective date, if other than the date of filing: 7-15-2017 (optional)
If an effective date is stated, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. (Pursuant to 603(2)(b) 14b)
Note: If the date inserted in this block is not more than 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:
(a) The 90th day after the record is filed.

Dated: 1st Sep

2017



Signature of a member or authorized representative of a business

Sid L. Pong

Typed or printed name of signer

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Filing Fee: \$25.00

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DIVISION OF CORPORATIONS
17 SEP -6 PM 4:45