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(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor						
POES REN	TALS OF HIALEAH, LLC					
5000CCT.	Name of Lim	ited Liability Company				
	Amendment and fee(s) are sub	-				
	WENDY L. WHITMIRE					
		Name of Person				
	POES RENTALS OF HIALEAH, LLC					
		Firm/Company				
	211 RIDGEWOOD ROAI)				
		Address				
	CORAL GABLES, FL 33	133				
	City/State and Zip Code					
	accounting@poesrentals.com					
		to be used for future annual report notifi	cation)			
For further information co	oncerning this matter, please co	all:				
LAIRD A. BURNS		786 269-0183				
Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is a check for th	e following amount:					
■ \$25.00 Filing Fee	(1) \$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

POES RENTALS OF HIALEAH, LLC

company has been notified in writing of this change.

(Name of the Lim	(A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited I Florida document number L09000012481	_ and assigned			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability company h	ere:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbrev	riation "LALC."	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)	7ACC #E	= -	
Enter new mailing address, if applicable:		SA SEC	3 5 1	
(Mailing address MAY BE A POST OFFICE	<u></u>		<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address or office address here:	our records, enter the	name of the new	
Name of New Registered Agent:	ROXANNE POE			
New Registered Office Address:	211 RIDGEWOOD ROAD	dress on our records, enter the name of the Enter Florida street address Florida 33133		
	Enter Flo	rida street address		
	CORAL GABLES	, Florida 33133		
	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete performance of	(my duties, and I am fami	iliar with and	

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ROXANNE POE	211 RIDGEWOOD ROAD CORAL GABLES, FL 33133	B Add
			□ Remove
			Change
MGR	LAIRD A. BURNS	211 RIDGEWOOD ROAD CORAL GABLES, FL 33133	_ ■ Add
			□ Remove
			Change
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Effective d	late, if other t	han the date o	f filing:				(option	al)		
If an effective Note: If th	edate is listed, the edate inserted	e date must be spec in this block doe	rific and canno is not meet th	t be prior to d le applicable	late of filing or statutory fil	more than 90 ing requirent	days after fil	ing.) Pursua	nt to 605.0 t be listed)20° d as
document's	effective date	on the Departme	ent of State's	records.	•	3 1				
	specifies a : h day after:	delayed effec the record is	tive date, filed.	but not a	n effective	time, at	12:01 a.r	n. on the	e earlie	ro
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Filing Fee: \$25.00