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(Req	uestor's Name)	
(Addi	ress)	
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(City/	/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
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Special Instructions to F	iling Officer:	

Office Use Only



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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	POM FINANCIAL	SERVICES LLC	
3000001.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Melroy Sterling	
		Name of Person	
		Firm/Company	
		5732 NW 16th St	
		Address	
		Lauderhill FL 33313 City/State and Zip Code	
	Melro	yTheRealtor@gmail.con	n
		to be used for future annual report noti	
For further information c	oncerning this matter, please c	all:	
_ _	y Sterling	at (_954_) _257-064	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
X \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	ant a m
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	•
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POM FINANCIAL SERVICES LLC

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

74 77 12:15

The Articles of Organization	for this Limited Liability C	Company were filed or	09/09/2010	and assigned
Florida document number _	L10000094668	·		
This amendment is submitte	d to amend the following:			
A. If amending name, ente	er the new name of the lim	nited liability compan	y here:	
	POM REALTY LLC			
The new name must be distinguis	hable and contain the words "Lin	nited Liability Company."	the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices	address, if applicable:			
(Principal office address M	<u>UST BE A STREET ADDI</u>	RESS) 5732	NW 16th St	
	- -	Laude	rhill, FL 33313	,
Enter new mailing address	, if applicable:			
(Mailing address MAY BE.	A POST OFFICE BOX)	_ 5732	NW 16th St	
	_	Laude	rhill, FL 33313	
B. If amending the registe agent and/or the new regis		d office address on o	ur records, <u>enter the nan</u>	ie of the new regist
Name of New Reg	stered Agent:			
New Registered Of	Tice Address:	Enter	Florida street address	
			Cluster.	
		City	, Florids	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 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 at or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
-18			□Add
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			☐ Change
	 -	DAdd	
			□Remove
			□ Change

	
	
	
fan effective date Note: If the da	if other than the date of filing: (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 te inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted a excive date on the Department of State's records.
e record specific d is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	April 27 2020
	(MSterler)
	Signature of a recorder or authorized representative of a member
	Motroy Storling
	Melroy Sterling Typed or printed name of signee

Filing Fee: \$25.00