L13000092244

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POMAIKAI INVESTMENTS OF NW FL, 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:

CORY A FULFORD

Name of Person

POMAIKAI INVESTMENTS OF NW FL, LLC

Firm/Company

5341 JEREMY DR

Address

MILTON FL 32570

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CORY A FULFORD

at (850) 554-7519

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

= \$25.00 Filing Fee TO: FLORIDA DEPT. of STOTE □\$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**

FILED 2013 AUG 29 PM 3: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

POMAIKAI INVESTMENTS OF NW FL, LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A)	Florida Limited Li	ability Company)	on our records.	
The Articles of Organization for this Limited Lia Florida document number L13000092264	ability Company v	vere filed on JUN	E 26, 2013	_ and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:	:	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company	y," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applica	ble:	5341 JEREMY DR		
(Principal office address MUST BE A STREET	(ADDRESS)			
		MILTON FL 3	2570	
Enter new mailing address, if applicable:		5341 JEREM)	/ DR	
(Mailing address MAY BE A POST OFFICE E	BOX)			
		MILTON FL 3	2570	
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address here	:	r records, <u>enter the</u> DUNTANTS, PA	e name of the new
Name of New Registered Agent:		<u>-</u>	30N1AN13, 1'A	
New Registered Office Address:	1301 W GAI		r Florida street addre	
	PENSACOL		, Florida <u>325</u>	
		City	, 1 101144	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this company	oper and completered agent as pe egistered office o	ete performance o rovided for in Cha	f my duties, and I an apter 608, F.S. Or, if	n familiar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	ı		Remove
	·		
			Add
			Remove
			Kemove
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Remove

	on, enter change(s) here: (Attach additional sheets, if necessary
AUGUST 27	7_, 2013.
	, /
	ture of a member or authorized representative of a member
CORY A FULFO	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED
2013 AUG 29 PM 3 25
SECRETARY OF STATE FALLAHASSEE, FLORIDA