L14000099635

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COVER LETTER

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TO: Registration Se Division of Cor		·	.↑ \$
SUBJECT: POTE P	ROPERTIES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	RAYMOND NKWAN	ITABISA MD, MS	
		Name of Person	
	POTE PROPERTIE	SLLC	
	<u> </u>	Firm/Company	
	13926 CASTLEGAT	E DRIVE	
		Address	
	FRISCO TEXAS 75	035	
		City/State and Zip Code	
	RNKWANTABISA@		
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
RAYMOND NKWA	ANTABISA MD, MS	216 4969360	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$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**

POTE PROPERTIES LLC

ARTICLES OF	t.
•	
ARTICLES OF C	ORGANIZATION " " My " ()
0	F ASSOCIATION OF
	All May Pre
POTE PROPERTIES LLC	
(Name of the Limited Liability Compa	ny as it now appears on our records.)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	
	were filed on and assigned
Florida document number L14000099635	
This amendment is submitted to amend the following:	
This amendment is submitted to amend the following.	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	nility Company" the designation "LLC" or the abbreviation "LLC"
The new name must be distinguishable and end with the words. Emitted Elac	
Enter new principal offices address, if applicable:	2877 DELANEY AVENUE
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32806
	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	THE STATE OF THE S
B. If amending the registered agent and/or registered o	ffice address on our records enter the name of the new
registered agent and/or the new registered office address her	
to the state of th	<u>-</u> -
Name of New Registered Agent:	
New Registered Office Address:	
new registered Office Address.	Enter Florida street address
	, Florida

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

MGR = Manager

AMBR = Authorized Member Title Name **Address Type of Action MGR** Raymond Nkwantabisa 13926 CASTLEGATE DRIVE ______ Add FRISCO TX 75035 MGR HARRY NYANTEH 70 SPRING VISTA DRIVE □ Add DEBARY FL 32713 ■ Remove ____ □ Add ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove □ Add □ Remove

If amending any other information, of	enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	•
 	
Effective date, if other than the date (The effective date must be specific, cannot be puthe date this document is filed by the Florida D	of filing: (optional) prior to date of receipt or filed date and cannot be more than 90 days after Department of State)
Dated NOVEMBER, 08,	2014
	·
(P)	
Signat	ture of a member or authorized representative of a member
RAYMOND NKWANTA	ABISA MD, MS
<u> </u>	Typed or printed name of signee

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Filing Fee: \$25.00