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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090

: (305)670-1991

Fax Number

: (305)670-1993

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POMPANO REALTY USA LLC

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Help

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Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POMPANO REALTY USA LLC				
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our re- id Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Compar Florida document numberL15000150641	ny were filed on09/02/2013	<u></u>	a	nd assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li-	ability company here:			
The new name must be distinguishable and contain the words "Limited Lie Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		:	2	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>e</u>	nter the	namelof	the new register
Name of New Registered Agent:		· 	ूर्य - क ्क	
New Registered Office Address:	Enter Florida street a	ddress	=	
	City	_, Florid		ip 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 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

From: Paola Sanchez Fax: 17864757424 To: Fax: (850) 617-6383 Page: 4 of 5 11/25/2019 12:29 PM 11 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DANIEL HALPERN	9130 S DADELAND BLVD	\ Add
		SUITE 1509	[]Remove
		MIAMI, FL 33156	[]Change
			□Add
			[]Remove
	·		□Change
			□Add
			CRemove
			Change
			□Add
			□Remove
			CiChange
			□Add
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			□ Change
			□ Add
			□Remove
			FlChange

To:

Fax: (850) 617-6383

Page: 5 of 5

11/25/2019 12:29 PM

Page 2 of 3

f amending any ot	her information, ento	er change(s) here:	(Attach addition	ial sheets, if necessa	ry.)
					
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Note: If the date ins	ther than the date of ted, the date must be specified in this block does a date on the Department	not meet the applica	o date of filing or me ble statutory filing	(optlona ore than 90 days after filing requirements, this da	il) ng.) Pursuant to 605.0207 itc will not be listed as
ne record specifi The 90th day a	es a delayed effect ofter the record is f	ive date, but not iled.	an effective ti	me, at 12:01 a.m	n, on the earlier o
NOVEM	BER 22	2019	·		
>med	//	1/0/			
	Signature	of a many care and to	rized representative	of a member	
X 1 1117.D.	o Guzman - G & G				
- AUDIN			d name of signee		