L16000011634

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	ا	47 DUBON	NET, LLC					15% 著
SUBJEC	Name of Limited Liability Company							2013 WAR-W
The encl	osed 1	Articles of A	amendment and fee(s) are sub	mitted for	filing.			
Please re	eturn a	ll correspon	dence concerning this matter	to the foll	owing:			<u>"</u> , ·
			WENDY L. WHITMIRE					
	Name of Person 147 DUBONNET, LLC							
			6860 SUNRISE COURT	Fin	m/Company	<u> </u>		
			CORAL GABLES, FL 331		Address			
			accounting@poesrentals.co	m	te and Zip (lostion)	
For furth	er infö	ormation co	ncerning this matter, please ca			maar ix port not.	(Cattori)	
LAIRD .	A. BU	RNS		421	786	269-0183		
_		Name of	Person	at	Area Code	Daytime	Telephone Number	
Enclosed	lisac	heck for the	following amount:					
□ \$25.0	00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	Ce	.00 Filing rtified Cop ditional copy		Certified	te of Status &
		Registra	NG ADDRESS: tion Section of Corporations t 6327		Reg Divi	REET/COURII istration Section ision of Corpora ion Building		

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

147 DUBONNET, LLC

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

NO THREE PH

The Articles of Organization for this Limited I	Liability Company were filed on _	04/11/2016 and assigned ==
Florida document number L16000071634	······································	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address office address here:	on our records, enter the name of the new
Name of New Registered Agent:	ROXANNE POE	
New Registered Office Address:	211 RIDGEWOOD ROAD	
	Enter F	lorida street address
	CORAL GABLES	, Florida 33133
	City	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 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ROXANNE POE	211 RIDGEWOOD ROAD CORAL GABLES, FL 33133	■ Add
			Remove
			□ Change
			Add
			□ Remove
			Change
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			☐ Change
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Effective date, if other than the date of the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicabl	date of filing or more than 90 c e statutory filing requireme	_ (optional) lays after filing.) Pursuant to 605,020 ents, this date will not be listed as
the record specifies a delayed e) The 90th day after the record	effective date, but not a d is filed.	an effective time, at 1	2:01 a.m. on the earlier o
Dated FEBRUARY 28	. 2019		
	gnature of a member or authorize	ed representative of a member	,
WENDY L. WHITMIRE			
	Typed or printed n	name of signee	

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Filing Fee: \$25.00