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Office Use Only



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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations		
CHDIECT.	POMPANO	REEL ESTATE LLC		
SUBJECT:		Name of Limi	ted Liability Company	<u>.</u>
The enclosed	l Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ARCHIE J. RYAN III, ES	Q.	
			Name of Person	
		RYAN & RYAN LLC		
			Firm/Company	
		700 EAST DANIA BEAC	H BOULEVARD	
			Address	
		DANIA BEACH, FL 3300	4	
			City/State and Zip Code	
		aryan@ryanlawfl.com E-mail address: (1	to be used for future annual report no	ification)
For further in	nformation c	oncerning this matter, please ca	all:	
ARCHIE J. RYAN III, ESQ.		954 920-2921 at ()		
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	s check for th	ne following amount:		
■ \$25.00 F	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)
	Registr	ING ADDRESS: ation Section of Corporations	STREET/COUR Registration Secti Division of Corpo	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POMPANO REEL ESTATE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MAY 17, 2016 and assigned Florida document number L16000096867 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: POMPANO REEL ESTATE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			Remove
			Change
			Add
			Remove
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ective date, if other than n effective date is listed, the date te: If the date inserted in th	must be specific	and cannot be p	orior to date of fili	ng or more than 9	00 days after fil	ing.) Pursu	ant to 605.02
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JULY 8		2016					
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	Signature of	f a member or a	uthorized represe	ntative of a men	iber علم	}	tening.c

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Filing Fee: \$25.00