

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Pomante Premier Accounting, 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:

Tamara Pomante
Name of Person
Pomante Premier Accounting, LLC
Firm/Company
1414 Country Club Drive
Address
Lynn Haven, FL 32444
City/State and Zip Code
ppa2024@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamara Pomante at (850) 896-1653
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Hughes Innovations, 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 August 15, 2016 and assigned
Florida document number L16000154445.

This amendment is submitted to amend the following:

1. If amending name, enter the new name of the limited liability company here:

Pomante Premier Accounting, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

1414 Country Club Drive

Lynn Haven, FL 32444

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

1414 Country Club Drive

Lynn Haven, FL 32444

3. 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:

Tamara J. Pomante

New Registered Office Address:

1414 Country Club Drive

Enter Florida street address

Lynn Haven

Florida 32444

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

[illegible]

9. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: January 1, 2024 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

b) The 90th day after the record is filed.

Dated November 27, 2023



Signature of a member or authorized representative of a member

Tamara J. Pomante

Typed or printed name of signee

Rich and Tamara Pomante

1414 Country Club Drive

Lynn Haven, FL 32444

(614) 648-7663 Cell

r.pomante@yahoo.com

t.pomante@yahoo.com

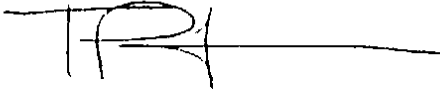
November 27, 2023

Re: Marriage

To Whom It May Concern:

Please be advised that from this day forth, Tamara Janielle Hughes is now legally known as Tamara Janielle Pomante.

Sincerely,

A handwritten signature in black ink, appearing to be 'TP' followed by a long horizontal line.

Tamara J. Pomante

ED: 7/25/2023
 TAMARA CHARLES
 CLERK OF THE COURT
J. Seaman
 TITLE: COURT CLERK II

VIRGIN ISLANDS OF THE UNITED STATES
 LICENSE AND CERTIFICATE OF MARRIAGE

LICENSE NUMBER **ST-2023-MG-00533**

SPOUSE 1	Name:	Richard Anthony Pomante	Address:	638 Goose Bayou Rd, Lynn Haven, FL 32444	Date of Birth:	May 14, 1977
	Sex:	Male	Place of Birth:	Columbus, OH USA	SSN:	302-88-1675
	Father's Name:	Richard Lee Pomante	(Father's) Place of Birth:	Columbus, OH USA		
	Mother's Name:	Linda Kay Everhart	(Mother's) Place of Birth:	Columbus, OH USA		

SPOUSE 2	Name:	Tamara Janielle Hughes	Address:	2007 Tupelo Court Panama City, FL 32405	Date of Birth:	November 22, 1981
	Sex:	Female	Place of Birth:	Spokane, WA USA	SSN:	589-16-2928
	Father's Name:	Michael Lawrence Kramer	(Father's) Place of Birth:	Spokane, WA USA		
	Mother's Name:	Gaila Dawn Bradford	(Mother's) Place of Birth:	Panama City, FL USA		

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEVE THAT WE ARE FREE TO MARRY PURSUANT TO THE LAWS OF THIS STATE.

<u>[Signature]</u> Spouse 1 Signature (above)	<u>[Signature]</u> Spouse 2 Signature (above)
This License Authorizes the Marriage in this Territory of the Parties Named Above by any Person Duly Authorized to Perform a Marriage Ceremony under Laws of the State the United States Virgin Islands.	
Marriage Denomination	UNIVERSAL LIFE CHURCH
Expiration Date	October 5, 2023

Subscribed to and sworn before me on:		Signature of Issuing Official:	Title of Issuing Official:
<u>July 5, 2023</u>		<u>[Signature]</u>	MAGISTRATE JUDGE

I certify that the above-named persons were married on:	Where Married City, Town Location:	Island:
<u>JULY 14 2023</u>	<u>CORAL COVE VILLA CORAL BAY</u>	<u>ST JOHN</u>
Signature of Person Performing Ceremony:	Name (of Officiant):	Title:
<u>KR</u>	<u>KATHERINE RAYMOND</u>	<u>OFFICIANT</u>
Address of Person Performing Ceremony: (Street Number, City, Town, Zip)		

Signature of Witness to Ceremony:	Print Name:
<u>[Signature]</u>	<u>LINDA POMANTE</u>
Signature of Court Recording Official:	Print Name:
<u>[Signature]</u>	<u>PHILIP ARENA</u>
CLERK OF THE SUPERIOR COURT	Date Filed in the Court Month, Day, Year
	<u>7/25/2023</u>