## L17000002860

(Re	questor's Name	)
(Ād	dress)	
	dress)	
(Au	idless)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	ame)
(Do	cument Numbe	r)
Certified Copies	Certificate	es of Status
ocitifica copies	_	
Special Instructions to	Filing Officer:	
		a = 1 - 1 a
		06/01/21
		177)





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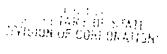
## **COVER LETTER**

TO: * Registration Se Division of Cor		* *	
POD-NC, I SUBJECT:	LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Josselyn Gonzalez		
		Name of Person	
	Marlowe McNabb Machni	ik, P.A.	
		Firm/Company	
	1560 W. Cleveland St.		
		Address	
	Tampa, FL 33606		
		City/State and Zip Code	
	accounting@paintersonden	nand.net  to be used for future annual report notific	ation
For further information c	oncerning this matter, please c	·	2.0017
Josselyn Gonzalez		813 251-3013	
Name o	f Person	Area Code Daytime 1	Celephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Secti	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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POD-NC. LLC	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Cor	mpany were filed on January 5, 2017 and assigned
Florida document number L17000002860	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new register</u>
agent and/or the new registered office augress here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin Coda

## 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Chris Jimenez	3201 N. Florida Ave.	□Add
		Tampa, FI. 33603	
			□Remove
			Change
		<del></del>	
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del> _			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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HESTOR	C. LOOK TEACHER

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If an effe <u>Note:</u>	ve date, if other than the date of filing:
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
e record	oa.
e record	

Filing Fee: \$25.00