## L170000 98446

| (Requestor's Name)                         |
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| (Address)                                  |
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| (City/State/Zip/Phone #)                   |
| PICK-UP WAIT MAIL                          |
|                                            |
| (Business Entity Name)                     |
|                                            |
| (Document Number)                          |
| (2004                                      |
| Cartificate Carrier Cartificates of Status |
| Certified Copies Certificates of Status    |
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| Special Instructions to Filing Officer:    |
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## **COVER LETTER**

| Div            | ision of Corp   | orations                                     |                                                                     |                                                                                            |  |  |
|----------------|-----------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|--|
| SUBJECT:       | POOF!, LLC      |                                              |                                                                     |                                                                                            |  |  |
| ocioner.       |                 | Name of Lim                                  | ited Liability Company                                              |                                                                                            |  |  |
| The enclosed   | d Articles of A | amendment and fee(s) are sub                 | mitted for filing.                                                  |                                                                                            |  |  |
| Please return  | all correspon   | dence concerning this matter                 | to the following:                                                   |                                                                                            |  |  |
|                |                 | Holly Smith                                  |                                                                     |                                                                                            |  |  |
|                |                 |                                              | Name of Person                                                      |                                                                                            |  |  |
|                |                 | POOF!, LLC                                   |                                                                     |                                                                                            |  |  |
|                |                 | Firm/Company                                 |                                                                     |                                                                                            |  |  |
|                |                 | 4400 Bayou Blvd, Suite 51                    | 3                                                                   |                                                                                            |  |  |
|                |                 |                                              | Address                                                             |                                                                                            |  |  |
|                |                 | Pensacola, FL 32503                          |                                                                     |                                                                                            |  |  |
|                |                 |                                              | City/State and Zip Code                                             |                                                                                            |  |  |
|                |                 | holly.smith@h2pc.com                         |                                                                     |                                                                                            |  |  |
|                |                 | E-mail address: (                            | to be used for future annual report notific                         | cation)                                                                                    |  |  |
| For further is | nformation co   | ncerning this matter, please co              | all:                                                                |                                                                                            |  |  |
| Holly Smith    | ı               |                                              | 850 266-7089                                                        |                                                                                            |  |  |
|                | Name of         | Person                                       | Area Code Daytime                                                   | Telephone Number                                                                           |  |  |
| Enclosed is    | a check for the | e following amount:                          |                                                                     |                                                                                            |  |  |
| ■ \$25.00 H    | 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) |  |  |

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| POOF!, LLC                                                                                   |                                                  |                                     |                      |                   |           |
|----------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------|----------------------|-------------------|-----------|
| (Name of the Limited L<br>(A)                                                                | Liability Company as<br>Florida Limited Liabilit | it now appears on our<br>y Company) | records.             |                   |           |
| The Articles of Organization for this Limited Liabit lorida document number L17000098446     |                                                  |                                     |                      | and assi          | gned      |
| his amendment is submitted to amend the following                                            | ng:                                              |                                     |                      |                   |           |
| A. If amending name, enter the new name of the                                               | e limited liability o                            | ompany here:                        |                      |                   |           |
| The new name must be distinguishable and contain the words                                   | s "Limited Liability Co                          | mpany," the designation             | n "LLC" or the al    | obreviation "L.L. | C."       |
| Enter new principal offices address, if applicable                                           | e:                                               |                                     |                      |                   |           |
| Principal office address MUST BE A STREET A                                                  | ADDRESS)                                         |                                     |                      |                   |           |
| Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BO.          | <u></u>                                          |                                     |                      |                   |           |
| B. If amending the registered agent and/or registered agent and/or the new registered office |                                                  | address on our r                    | ecords, <u>enter</u> | the name of       | of the    |
| Name of New Registered Agent:                                                                |                                                  | · · · · · · · · · · · · · · · · ·   |                      | APP A             |           |
| New Registered Office Address:                                                               |                                                  | Enter Florida street                | <u>r</u>             | ARY OF S          | January . |
| _                                                                                            |                                                  |                                     | , Florida 🥞          | ? <u>₹</u> œ      |           |
|                                                                                              | (                                                | City                                |                      | Zip Code          | 48 t 34*  |

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

| <u>Title</u> | <u>Name</u>                           | <u>Address</u>                  | Type of Action |
|--------------|---------------------------------------|---------------------------------|----------------|
| MGR          | Kelly E. Lambert-Husted               | 3410 Neyrey Drive, Metairie, LA | ■ Add          |
|              |                                       |                                 | ☐ Remove       |
|              |                                       |                                 | ☐ Change       |
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|                     |                                                                                                                                                                                                  |
|                     | date of filing                                                                                                                                                                                   |
| Tective<br>an effec | e date, if other than the date of filing: (optional) tive 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 605.0. |
| ote: If             | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed                                                                         |
| cumer               | t's effective date on the Department of State's records.                                                                                                                                         |
| roco                | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier                                                                                                   |
|                     | 10th day after the record is filed.                                                                                                                                                              |
|                     | -11 1 D                                                                                                                                                                                          |
| ated                | March 8, 2018.                                                                                                                                                                                   |
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|                     |                                                                                                                                                                                                  |

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Typed or printed name of signee

Filing Fee: \$25.00