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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 4th POC Development 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:
Jelon G. Lucas Name of Person
At Point of Contact Firm/Company
2830 NW 121 St Avenue
Plantation Fl. 33323
City/State and Zip Code Hhock gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Selari G. Lucas at (754) 333-4556 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

4th POC	Development LLC
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co.	, ,
	.I·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit Ath Point of Contact The new name must be distinguishable and contain the words "Limit	Automotive Ingeniuh, LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	ESS)
Enter new mailing address, if applicable:	FILED MIGHTON
(Mailing address MAY BE A POST OFFICE BOX)	
	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addr	ess here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	ing court

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sharelle Lucas	Plantation, FL 35323	🗆 Add
		Plantation, FL 35323	□ Kemove
			Change
AP	Errol Edwards	2830 NW 1214 Averu Plantation FL 3332	८ □ Add
		Plantation FL 3332	3 Remove
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Tective date, if other than the an effective date is listed, the date muote: If the date inserted in this becoment's effective date on the light	ast be specific and cannot block does not meet the	applicable statutory	or more than 90 days aft	er filing.) Pursuant to 605.0	207 (: l as tl
e record specifies a delaye The 90th day after the re		out not an effecti	ive time, at 12:01	a.m. on the earlier	of:
ated 06/15/201	7	·			
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Page 3 of 3

Filing Fee: \$25.00