(Requestor's Name)	
(Address)	
(Address)	200300119912
(City/State/Zip/Phone #)	
(Business Entity Name)	08/20/1701011025 ★★25.00
(Document Number)	
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Office Use Only	

		COVER LETTER	
TO: • Registration S Division of Co		· · · · · · · · · · · · · · · · · · ·	
Pompano	Fint LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Michael Richards		
		Name of Person	يا در روي
	Pompano Trut LLC		
		Firm/Company	
	5703 NW 109th Lanc		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Coral Springs, FL 33076		
		City-State and Zip Code	
	michael.richards(@)tintworld E-mail address: ((to be used for future annual report notification)	
For further information	concerning this matter, please e	call:	
Michael Richards		786 273-6737	
Name (of Person	Area Code Daytime Telephone Number	
Enclosed is a check for t	-		
■ \$25.00 Filing Fee	Certificate of Status	 □ \$55.00 Filing Fee & □ \$60,00 Filing Fee. Certified Copy (additional copy is enclosed) □ Certified Copy (additional copy is enclosed) 	
	ING ADDRESS: ration Section	STREET/COURIER ADDRESS: Registration Section	
Divisi P.O. B	auton Section on of Corporations ox 6327 assee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

	AMENDMENT O DRGANIZATION
	DF 2017 II. E.L.
Pompano Tint, LLC (Name of the Limited Lizbility Compa (A Florida Limited	TALIASDAD
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000115243</u> .	were filed on May 24, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name. <u>enter the new name of the limited liab</u>	
The new name must be distinguishable and contain the words "I imited I iabi	ility Company," the designation "LU" or the abbreviation "LUC"
Enter new principal offices address, if applicable:	5703 NW 109th Late
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs, FL 33076
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5703 NW 109th Lane Cotal Springs, FL 33076
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here	office address on our records. <u>enter the name of the new</u> re:
Name of New Registered Agent: New Registered Office Address:	– Enter Florida street address
Name of New Registered Agent:	Enter Florida street address Florida City Zip Code

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

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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	Richard Flynn	600 S. Federal Hwy	🖸 Add
		Pompano Beach, FL 33062	Z Remove
		- <u></u>	Lī Change
MGR	Danny Shenko	12745 NW 69th Ct	a Add
		Parkland, FL 33076	🗆 Remove
			Change
			Add Add
			A CONTRACTOR
			Remove
			Change
			🖸 Add
			Remove
			C Change
			_ 🗆 Add
			Remove
			🗖 Change

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

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E. Effect	tive date, if other than the date of filing:(optional) fective 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
docur	nent's effective date on the Department of State's records.
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	e 90th day after the record is filed.
	June 17 2017
Dated	
	Whe Kings
	Signature of a member or authorized representative of a member
	Michael Richards
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00