

L17000186446

OCT-26-2017 09:54 From: Vargas, Piedra & Co 305 671 6263

To: 18506176383

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Division of Corporations

3RD Request

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000280356 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : VARGAS, PIEDRA & CO.  
Account Number : 120070000148  
Phone : (305) 671-0003  
Fax Number : (305) 671-6263

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

FILED  
17 OCT 26 PM 8:31  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
POTTSTOWN LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

*[Handwritten signature]*  
11/2/17

2017 OCT 26 PM 12:23

Electronic Filing Menu

Corporate Filing Menu

Help

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POTTSTOWN LLC

(None 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 31, 2017 and assigned  
Florida document number L17000186446.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

N/A

(Mailing address **MAY BE A POST OFFICE BOX**)

**B. 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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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

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>	<u>Type of Action</u>
AR	ADHM SERVICES LLC	9100 S. Dadeland Blvd. Ste 912	<input type="checkbox"/> Add
		Miami, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADHM SERVICES LLC	9100 S. Dadeland Blvd. Ste 912	<input checked="" type="checkbox"/> Add
		Miami, FL 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N.A.

FILED  
17 OCT 28 PM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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.

If the record 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 record is filed.

Dated OCTOBER 24, 2017

  
Signature of a member or authorized representative of a member

DAIRIS ESTRADA/MANAGER ADHM SERVICES LLC

Typed or printed name of signee

850-617-6381

10/26/2017 11:13:18 AM PAGE 1/001 Fax Server

850-617-6383



October 26, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

POTTSTOWN LLC  
9100 SOUTH DADELAND BLVD  
STE 912  
MIAMI, FL 33156

SUBJECT: POTTSTOWN LLC  
REF: L17000186446

See Attached  
as per  
your  
request

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PAGE 2 IS MISSING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H17000280356  
Letter Number: 117A00021637

2017 OCT 26 PM 5:46