## 47000186602

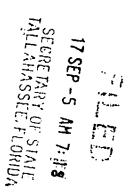
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## **COVER LETTER**

POMPANO	DINTERNATIONAL, LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Edward M. Livingston		
		Name of Person	
	Livingston Loeffler, P.A.		
		Firm/Company	<del></del> -
	963 Trail Terrace Drive		
	·	Address	
	Naples, FL 34103		
	·	City/State and Zip Code	
	ip@lliplaw.com		<del> </del>
		to be used for future annual report notif	eation)
For further information c	oncerning this matter, please co	all:	
Bryan L. Loeffler		239 262-8502	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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 Statu Certified Copy (additional copy is encle

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

POMPANO INTERNATIONAL, LLC (Name 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  $\frac{08/31/2017}{1}$ and assigned Florida document number 1.17000186602 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address City

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	Address	Type of Action
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			□ Remove
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reflective date is listed, the date mus te: If the date inserted in this blo	t be specific and cannot be prior to date of filing or ock does not meet the applicable statutory fili	more than 90 days after filing.) Pursuant to 605.020 ing requirements, this date will not be listed a
cument's effective date on the D		
record specifies a delayed The 90th day after the rec	deffective date, but not an effective ord is filed.	time, at 12:01 a.m. on the earlier
September 1	2017	
ted September 1	·	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee