## L18 000 034 666

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

| TO:      | Registration Se<br>Division of Cor |  |   |  |
|----------|------------------------------------|--|---|--|
|          | Poiema, LL                         | C  |   |  |
| SUBJI    | ECT:                               | Name of Lim                                  | ited Liability Company  |  |
| The en   | closed Articles of                 | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Plcase   | return all correspo                | ndence concerning this matter                | to the following:   |  |
|          |                                    | Daniel Brink                                 |   |  |
|          |                                    |  | Name of Person  | <u> </u>   |
|          |                                    | Poiema, LLC                                  |   |  |
|          |                                    |  | Firm/Company  |  |
|          |                                    | 5766 Ravenwood Drive                         |   |  |
|          |                                    |  | Address   | <del></del>  |
|          |                                    | Sarasota, Fl 34243                           |   |  |
|          |                                    | Potema320@gmail.com                          | City/State and Zip Code to be used for future annual report no      | httication   |
| Ear fir  | that information of                | oncerning this matter, please ca             | ·   | ittication)  |
| Daniel ( |                                    | uk   | 941 350-0234<br>at (GUL ) 350-0                                     | മാമും<br>me Telephone Number   |
| Enclos   | ed is a check for th               | c following amount:                          |   |  |
| ≘ \$2    | 5.00 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 Status & Certified Copy (additional copy is enclosed) |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Poiema, LLC  |  |                          |
|--|--|--------------------------|
| ( <u>Name of the Limited Liability</u><br>(A Florida I   | Company as it now appears on our records.)<br>Limited Liability Company) |                          |
| The Articles of Organization for this Limited Liability Co Florida document number L18000034666            | ompany were filed on February 8, 2018                                    | and assigned             |
| his amendment is submitted to amend the following:   |  |                          |
| A. If amending name, enter the new name of the limit   | ed liability company here:   |                          |
| he new name must be distinguishable and contain the words "Limite  | ed Liability Company," the designation "LLC" or                          | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |                          |
| Principal office address MUST BE A STREET ADDRE  | ESS)   |                          |
|  |  |                          |
|  |  | -                        |
| Inter new mailing address, if applicable:  |  |                          |
| Mailing address MAY BE A POST OFFICE BOX   |  |                          |
|  |  |                          |
|  |  |                          |
| 3. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter the                                 | name of the new regist   |
| Name of New Registered Agent:  |  |                          |
| wante of the winegistered regent.  |  |                          |
| New Registered Office Address:   | Enter Florida street address   |                          |
|  | Enter v londa street address   |                          |
| <del></del>  | , Florid   | A                        |
|  | 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 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  |
|--------------|------------------|-------------------------|-----------------|
| Member       | Robert D. Brink  | 7763 Carlton Rd.        | _               |
|              |                  | Coopershurg, PA 18036   | □Add            |
|              |                  | Coopersoning, 174 10000 | <b>≅</b> Remove |
|              |                  |                         | Change          |
| Member       | Allison K. Brink | 7763 Carlton Rd.        |                 |
| <del></del>  |                  | Coopersburg, PA 18036   |                 |
|              |                  |                         | ■ Remove        |
|              |                  |                         | ☐ Change        |
|              |                  |                         | □Add            |
|              |                  |                         | □Remove         |
|              |                  |                         | □Change         |
|              |                  |                         | □Add            |
|              |                  |                         | □Remove         |
|              |                  |                         | □Change         |
|              |                  |                         |                 |
|              |                  |                         | □ Remove        |
|              |                  |                         | □Change         |
|              |                  |                         | □ Add           |
|              |                  |                         | Remove          |
|              |                  |                         | □ Change        |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |    |
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| E. Effective date, if other than the date of filing:   |    |
| 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 trecord is filed. | he |
| Dated April 17 2025 .  Carriel Whick  Signature of a member or authorized representative of a member   |    |
| Signature of a member or authorized representative of a member   |    |
| Daviel w Brisk Typed or printed name of signee   |    |