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·	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Amend

APR 1.3 2019
I ALBRITTON

COVER LETTER

TO: Registration Division of C	n Section	
Poke J.I	LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	Jirat Suphrom-in	
	Name of Person	
	Poke J.L.I.C	
	Firm/Company	
	1811 RENAISSANCE COMMONS BLVD, #2113	
	Address	
	BOYNTON BEACH, FL 33426	
	City/State and Zip Code poke_jay@outlook.com	
	E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
Jirat Suphrom-in	410 615-9065 at ()	
Nai	me of Person at ()	
Enclosed is a check f	for the following amount:	
■ \$25.00 Filing Fee	e S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &

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

(<u>Name of the Limited Liabil</u> (A Floric	lity Company as it now appears on our re la Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability (Florida document number L18000061045	Company were filed on 04/3/19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lii	mited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		700 11
Enter new mailing address, if applicable:		62 1
(Mailing address MAY BE A POST OFFICE BOX)		7 1
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	City	гар Соне

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

Poke J.L.L.C.

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>	Address	Type of Action
MGR	Jirat Suphrom-in	1811 RENAISSANCE COMMONS BLVD, #2113	
· · · · · · · · · · · · · · · · · · ·		BOYNTON BEACH, FL 33426	
			□ Remove
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(If an e	tive date, if other than the date of filing:
the re) Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Date	4.3.19

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00