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(Cr	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Special instructions to	rining Officer.	ł
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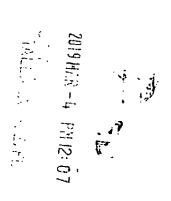




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R. WHITE MARIE 223



COVER LETTER

Divu	pion of Corp	porations			
	The Poinder	tter Group, LLC			
SUBJECT: _		Name of Limi	ited Liability Company		·
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return (all correspon	ndence concerning this matter	to the following:		
		James Poindexter			
			Name of Person		
		Delegal Law Offices, P.A.			
			Name of Limited Liability Company ad fee(s) are submitted for filing. ning this matter to the following: dexter Name of Person w Offices, P.A. Firm/Company Ionroe Street Address le, FL 32202 City/State and Zip Code sgal.net E-mail address: (to be used for future annual report notification) matter, please call: at (
		424 East Monroe Street			
			Address		
		Jacksonville, FL 32202			
		james@delegal.net	City/State and Zip Code	-	
		E-mail address: (to be used for future annual	report notifica	tion)
For further in	fo rmatio n c o	oncerning this matter, please co	all:		
James Poinde	exter			3-5000	
	Name o	f Person		Daytime To	elephone Number
Enclosed is a	check for th	ne following amount:			
■ \$25.00 Fi		\$30.00 Filing Fee & Certificate of Status	Certified Copy		Certificate of Status & Certified Copy
	MAIL	ING ADDRESS:	STREE	T/COURIER	ADDRESS:

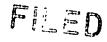
Registration Section
Division of Corporations

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Poindexter Group, LLC	2019 HAR -4 PH 12: 07
(Name of the Limited Liability Company as it not	w appears on our records.)
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	mpany) IAL A SECTION OF THE SECTION
The Articles of Organization for this Limited Liability Company were file	d on 05/21/2018 and assigned
Florida document number L18000126598	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," 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 add	ress 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 Flo ri da s tr eet a ddress
•	anier riorida sireei aduress
	, 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>	Address	Type of Action
MGR	Katherine Poindexter	1246 Morvenwood Road Jacksonville, FL 32207	≅ Ad d
			☐ Remove
			Change
MGR	James Poindexter		Add
		1246 Morvenwood Road Jacksonville, FL 32207	■ Remove
			□ Ad d
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Effective da	ite, if other than ti	he date of filing	:		(optional)
If an effective of Note: If the	date is listed, the date n	nust be specific and oblock does not me	cannot be prior to cet the applicab		than 90 days after filing equirements, this date	g.) Pursuant to 605.020
	specifies a delay n day after the n		ate, but not	an effective tin	ne, at 12:01 a.m.	on the earlier o
Dated	ary 28	1	2019	.•		
	Λ	<u></u>		•		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00