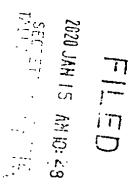
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(Requestor's Name)
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Office Use Only



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Y SULKER JAM 1 6 2029 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 141326 4328337

AUTHORIZATION

COST LIMIT ! 25.00

ODDED DAME Tomore 14 2020

ORDER DATE : January 14, 2020

ORDER TIME : 8:58 AM

ORDER NO. : 141326-005

CUSTOMER NO: 4328337

DOMESTIC AMENDMENT FILING

NAME: PON TIKI FRANCHISING, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT#

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PONŢ	ŢIKI FRANCHISING, LLC	
(Name of the Limited Liability (A Florida L	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co.	Company were filed on $\frac{118000135943}{10000135943} = 5/31/18$ and ass	igned
	1	
This amendment is submitted to amend the following:		
A. Hamending name, enter the new name of the limit	ited liability company here:	
	1 1 1 2 Community of 1 1 C" or the abbreviation "	I C"
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "L.	2.0.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u>RESS)</u>	
agent and/or the new registered office address here.	d office address on our records, enter the name of the nev	2021 JAH 15 registered D
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida Zip Code	
New Registered Agent's Signature, if changing Registered	Cay .	
provisions of all statutes relative to the proper and co	and agree to act in this capacity. I further agree to compound agree to act in this capacity. I further agree to compound the complete performance of my duties, and I am familiar with agent as provided for in Chapter 605, F.S. Or, if this docted office address, I hereby confirm that the limited liabil	unent is

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:

1

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CHAPOTEO, LLC	19069 S.E. WINDWARD ISLAND	_ = Add
		JUPITER, FL 33458	_ □Remove
			Change
AMBR	LEVATAS LABS LLC	11701 LAKE VICTORIA GARDENS AVE	_ ≅Add
		SUITE 2202, PALM BEACH GARDENS, FL 33410) □Remove
			Change
AMBR	THOMAS D'ALESSANDRO	19291 WEST INDIES LANE	≣Add
		JUPITER, FL 33458	[] Remove
		<u> </u>	Change
MGR	WILLIAM NICOLOSO	230 UMBRELLA PLACE	_ □Add
		JUPITER, FL 33458	_ BRemove
		!	_ Change
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ective date, if (cliective date is li e: If the date in ument's effectiv	sted, the date mus serted in this bl	n be specific and ock does not r	cannot be pri	icable statuto	ling or more the	an 90 days aft	tional) er filing.) Pursi his date will r	uant to 605.020 not be listed a
cord specifies a c filed.	delayed effectiv	e date, but not	вп effective	time, at 12:0) I a.m. on th	e earlier of:	(b) The 90th	ı day after the
	3/	. <u>.</u>	2019	<u>.</u>				
December ed			2	1				
December ed				 -				
December	·	Signature of a	nember or au	thorized repres	sentative of a	member		

Filing Fee: \$25.00