

118000158616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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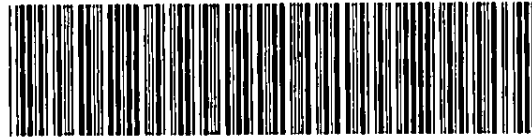
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 SEP 20 AM 8:44

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SEP 24 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Poseidon's Treasures, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Stein

\_\_\_\_\_  
Name of Person

My Tax Agency, LLC

\_\_\_\_\_  
Firm/Company

8081 Congress Ave Suite 208

\_\_\_\_\_  
Address

Boca Raton, FL 33428

\_\_\_\_\_  
City/State and Zip Code

admin@mytaxagency.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Stein

561

953-9363

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Status &  
Certified Copy  
(additional copy is enclosed)

**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**

Poseidon's Treasures, 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 06/28/2018 and assigned  
Florida document number L18000158616.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

140 NW 11th St Suite E

Boca Raton, FL 33432

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

140 NW 11th St Suite E

Boca Raton, FL 33432

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DIVISION OF CORPORATIONS  
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**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: Lisa Stein

New Registered Office Address: 19325 Cherry Hills Ter  
*Enter Florida street address*

Boca Raton Florida 33498  
*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>     | <u>Address</u>            | <u>Type of Action</u>                      |
|--------------|-----------------|---------------------------|--|
| MGR          | Jack W. Porrata |                           | <input type="checkbox"/> Add               |
|              |                 | 110 NE 19TH AVENUE #1     |  |
|              |                 | DEERFIELD BEACH, FL 33441 | <input checked="" type="checkbox"/> Remove |
|              |                 |                           | <input type="checkbox"/> Change            |
|              |                 |                           | <input type="checkbox"/> Add               |
|              |                 |                           | <input type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |
|              |                 |                           | <input type="checkbox"/> Add               |
|              |                 |                           | <input type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |
|              |                 |                           | <input type="checkbox"/> Add               |
|              |                 |                           | <input type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |
|              |                 |                           | <input type="checkbox"/> Add               |
|              |                 |                           | <input type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |
|              |                 |                           | <input type="checkbox"/> Add               |
|              |                 |                           | <input type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |

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SECRETARY OF STATE  
DIVISION OF COMMERCE  
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 17th, 2018

  
Lisa Stein

Lisa Stein

**Filing Fee: \$25.00**