118000266047

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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COVER LETTER

Div	ision of Corp	orations		•
SUBJECT:	Pour Services	s LLC		
SUBURE II		Name of Limi	ted Liability Company	
The enclosed	I Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		Greg J. Brown		
			Name of Person	
		Pour Services LLC		
			Firm/Company	
		3725 Conroy Rd.		
			Address	_
		Orlando, FL 32839		
		gjbrown312@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report no	otification)
For further i	nformation co	ncerning this matter, please ca	dl:	
Greg J. Bro	wn		407 432-5608	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for the	e 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 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

Pour Services LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
he Articles of Organization for this Limited Liability Compa	any were filed on 11/14/2018	and assigned
lorida document number L18000266047		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" of	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>	
		<u> </u>
		JAN TI
inter new mailing address, if applicable:		W 2
Mailing address MAY BE A POST OFFICE BOX)		F. [11
Author Carlotte Bon		
		—— Ε΄, α , ——————————————————————————————————
B. If amending the registered agent and/or registered	d office address on our records,	>>` ω
egistered agent and/or the new registered office address	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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>	Type of Action
MGR	Manager	Gregory J. Brown	
			■ Add
		 	☐ Remove
			Change
			Add
			Remove
			Change
		 	
			□ Remove
			Change
		Remove	
		Change	
		Remove	
		Change	
		Add	
		□ Remove	
			□ Change

). It ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing:
f the red b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	·
	Signature of a member or authorized representative of a member
	Gregory J. Brown

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00