L19000008892

	(Requestor's Name)	
	(Address)	
•	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of \$	Status
Special Instructions	to Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor			
_		MPANO VII LEC		
SUBJE	СТ:	Name of Limi	ted Liability Company	18 EEB 20
		Amendment and fee(s) are sub-		
		SCOTT CAMPBELL		
		ONTO POMPANO VII LI	Name of Person	
		1881 NE 26TH STREET, S	Firm/Company STE 212	
		WILTON MANORS, FL 3	Address	
		RCHERSTVOV@MEGAM		
For fur	ther information of	E-mail address: (concerning this matter, please concerning	to be used for future annual report no all:	tification)
SCOT	CAMPBELL		954 5683323	
	Name (of Person		ne Telephone Number
Enclose	ed is a check for t	he following amount:		
□ \$25	5.00 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)
	MAIL	ING ADDRESS:	STREET/COUF	RIER ADDRESS:

Registration Section Division of Corporations 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

ONTO POMPANO VILLEC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florid	a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{01/07/2019}{}$	and assigned.
Florida document number L19000008892	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	·
The new name must be distinguishable and contain the words "Lin	nited 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)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		eords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	ddress
		. 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>	<u>Address</u>	Type of Action
MGR	PRC Investments and Management LLC	1881 NE 26th street, STE 212, Wilton Manors, Fl 33305	■ Add
			☐ Remove
			Change
MGR	SCOTT CAMPBELL	1881 NE 26th street, STE 212, Wilton Manors, Fl 33305	Add
			■ Remove
			Change
AMBR	PRC Investments and Management LLC	1881 NE 26th street, STE 212, Wilton Manors, Fl 33305	■ Add
			□ Remove
			Change
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Effective date, if other than the d (If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dep	be specific and cannot be price; it does not meet the appli	or to date of filing or more that icable statutory filing requ	n 90 days after filing.) Pursuant to	605,0207 (3)(listed as the
the record specifies a delayed) The 90th day after the reco		ot an effective time,	at 12:01 a.m. on the ea	ırlier of:
Dated FEBRUARY 25	2019			
Roman Cherst	vov			
· · · · · · · · · · · · · · · · · · ·	ignature of a member or aut	horized representative of a m	ember	-

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00