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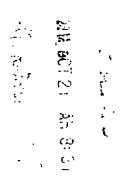
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(Address)			
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COVER LETTER

	ation Section n of Corporations	••
	POME LLC	_ Y
SUBJECT:	Name of Limited Liabili	ty Company Pr
		رخ پريد
The enclosed Art	ticles of Amendment and fee(s) are submitted for	filing.
Please return all o	correspondence concerning this matter to the foll	owing:
	Vince With	4(
	POWED LLS	· · · · · · · · · · · · · · · · · · ·
		n/Company
	808 N Cent	ral Ave Ste F
		Address
	City/Sta	IL 60191
	City/Sta	e and Zip Code
	E-mail address: (to be used	for future annual report notification)
For further inform	mation concerning this matter, please call:	
Vine	e Nill:	() Area Code Daytime Telephone Number
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
Æ \$25.00 Filing	Certificate of Status Co	.00 Filing Fee & S60.00 Filing Fee. rtified Copy ditional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 4 Florida document number L1900107704 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
MBR	Cory Aronovitz	4921 S Ellis Are Chi IL 60615	X Add
		G0617	□ Remove
			🗆 Change
			Add
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ffecti	ve date, if other than the date of filing:	(optional)
fan effe <u>Note:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutory ent's effective date on the Department of State's records.	g or more than 90 days after filing.) Pursuant to 605.0207
	ord specifies a delayed effective date, but not an effect 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier of
) Dated _	SICS PI sudded	
	Signature of a member or authorized representation	
	Signature of a member or authorized represent	itative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00