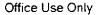
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(Requestor's Name)	_
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## **COVER LETTER**

TO:	Registration Sec Division of Corp		,	
SUBJE	ct: Pou	ck 112 LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limi	ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please t	eturn all correspor	ndence concerning this matter	to the following:	
		Ronald	L. Brough Mar	<u>~</u>
			Firm/Company	<u></u>
		1900 V	leona St.	
		Jup:tev,	FI 3345 City/State and Zip Code	8
		E-may address (1	tev o aim.	
For furt	her information co	ncerning this matter, please ca		
Roi	Name of	ough Man Person	at (50() 23 Area Code Dayti	me Telephone Number
Enclose	d is a check for the	e following amount:		
異 \$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)
		NG ADDRESS: tion Section	STREET/COUI Registration Sect	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Park 11a	2 LLC				
(Name of the Limiter	d Liability Company A Florida Limited Lia	as it now appears on obility Company)	our re <u>cords.</u> )		
The Articles of Organization for this Limited Lia Florida document number <u>L1900012</u>	bility Company w	ere filed on <u>Ma</u>	19 2019	and assi	gned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liability	Company," the designa	ation "LLC" or the abb	reviation "L.I	C."
Enter new principal offices address, if applica	ble:			19	<u></u>
(Principal office address MUST BE A STREET	<u> "ADDRESS)</u>		<del></del>	<del></del>	2000 2000 2000 2000 2000 2000 2000 200
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>:0X)</u>			24 PM 4: 49	SION OF CORPORATION
B. If amending the registered agent and/o registered agent and/or the new registered off		ce address on our	records, enter	the name o	of the
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida st	reet address	•	ı
		City	, Florida	Zip Code	
		City:		zip Cinte	

## 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 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 to 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
MGR	Ronald L. Broughmar	~ 1200 Neogo St.	<b></b> Add
	9	- 1200 Neoga St. Jupiter, Fl 33458	☐ Remove
			Change
			□ Remove
			Change
·			D Add
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f an effe Note:	ve date, if other than the date of filing:
	ord 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 _	06/19/3019
	Signature of a member or authorized representative of a member
	Ronald L. Broughman
	Typed of printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00