Division of Corporations Electronic Filing Cover Sheet

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From:

Account Name

: SELLAR, SEWELL, RUSS, SAYLOR & JOHNSON, P.A.

Account Number : I20010000127

Phone

: (352)787-2308

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **B-VILLE POA LLC**

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Corporate Filing Menu

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ANHHELEGOPOZNESADSHENT ARTICLES OF ORGANIZATION

B-Ville POA LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on Jiability Company)	our records.)		
The Articles of Organization for this Limited Liability Company Florida document number L19000193532	were filed on <u>7/29/19</u>		_ and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the design	ation "LLC" or the abbre	vistion "L	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
				<u>_</u>
Enter new mailing address, if applicable:		<u> </u>	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				
				
		1	ری محمد معام	1 3 T-1-4 0
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	aaress on our recor	us, <u>enter the bame (</u>	-e	w registered
Name of New Registered Agent:			8 5	
N. Deimad Office Address.				
New Registered Office Address:	Enter Florida s	treet address		
		, Florida		_
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete, accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Chap	duties, and I am fan oter 605, F.S. Or, if	niliar wi this doc	ith and ument is

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If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to 2000000718846, 3 the and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michael S. Koch	907 Webster St.	
		Leesburg, FL 34748	≡ Remove
			□Change
AMBR	Amanda L. Koch	907 Webster St.	
		Leesburg, FL 34748	BRemove
			☐ Change
AMBR	Paul F. Koch	907 Webster St.	= Add
		Lecsburg, FL 34748	□Remove
			☐ Change
AMBR	Frances M. Koch	907 Webster St.	
	·	Leesburg, FL 34748	□Remove
		· 	□Change
			□Add
			©Remove
			□Add
			□Remove
			□ Change

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(If an et	ffective date is listed, to If the date inserted	than the date of filir he date must be specific and in this block does not c on the Department of	meet the applicable :		(optional) n 90 days after filing.) Purs irements, this date will	mant to 605.0207 (2 not be listed as th
he recor		ed effective date, but no)t an effective time, a	at 12:01 a.m. on the	earlier of: (b) The 90t	h day after the
Dated	Feb 22.	2020 uf Hoch	.,			
		· ·	member or authorized			

Typed or printed name of signee