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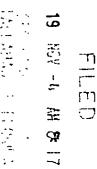
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OEC 04 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: POMEROL MANAGEMENT UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Valerier Galwartzman. Name of Person
Low Office of Valoria So Wartzman P.
12550 Buscayor Blud Guite 406
Dorth flome 7 33181 City/State and Zip Code
E-mail address: (to be used for future annual report notif :ation)
For further information concerning this matter, please call:
Name of Person at (305) 974 0114 Area Code Daytime Felephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certified Copy} \\ \text{(additional copy is enclosed)} \) \(\text{Certified Copy} \\ \text{(additional copy is enclosed)} \) \(\text{Certified Copy} \\ \text{(additional copy is enclosed)} \)

MAILING ADDRESS:

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

STREET/COURT R ADDRESS: Registration Section Division of Corport ions Clifton Building 2661 Executive Cur er Circle Tallahassee, FL 321 11

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pouced Ha	Ity Compady as it now appears of da Limited Liability Company)	(<u>LC</u>	
The Articles of Organization for this Limited Liability Florida document number <u>L 190023</u>	Company were filed on1C	. 1	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	nited liability company here		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the desi	on "LLC" or the abba	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		od. records, enter th	ne name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a w cot address	·····
		, 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 cape sity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of medicies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chaper 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby so if irm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent. | ignature 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

Type of Action Address Title Name MGIZ SHMUEL BOWNARDEL 19630 NE : 16 AU. DAdd Homi FL 33180 XRemove 21205 NE 37th Ale. 0 Add MGR FAUL GARZON UNIT 903 Aventur 7/33180 & Remove _____ Change AMBR Extended Hotel 3500 Cardin & Point De Dada Homagement UC. #2 Jacksoniille Fl 32257 Remove ______ Change _____ Change _____ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: b). The 90th day after the record is filed.
Dated
Paul Garzon Shmuel Bonnardel Typed or printed name of signee