## 119000279579

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| Special Instructions to Filing Officer: |
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| TO: Registration Se<br>Division of Cor        |  |   |  |  |
|---|--|---|--|--|
| POGI C  | ONE LLC                                      |   |  |  |
| SUBJECT:                                      |  | , <u>, , , , , , , , , , , , , , , , , , </u>                       |  |  |
|   | Name of Lim                                  | ited Liability Company  |  |  |
| The enclosed Articles of                      | Amendment and fee(s) are sub                 | mitted for filing.  |  |  |
| Please return all correspo                    | ondence concerning this matter               | to the following:   |  |  |
|   | Cody German                                  |   |  |  |
|   |  | Name of Person  |  |  |
|   |  | Firm/Company  |  |  |
|   | 9150 S Dadeland Blvd, su                     | ite 1400  |  |  |
|   | Miami, FL, 33156                             | Address   |  |  |
|   | ej.hernandez@me.com                          | City/State and Zip Code   |  |  |
|   | •  | to be used for future annual report no                              | iffication)  |  |
| For further information c                     | oncerning this matter, please c              | all:  |  |  |
| Cody German                                   |  | 305 350 5300  |  |  |
| Name o  | f Person                                     | at ()<br>Area Code Davtir   | ne Telephone Number  |  |
|   | ,      | Tued Code Dayin   | Telephone Number   |  |
| Enclosed is a check for the                   | ne following amount:                         |   |  |  |
| ■ \$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) |  |
| Mailing Addres                                | _  | Street Address:   |  |  |
| Registration Section Division of Corporations |  | Registration Section Division of Corporations                       |  |  |
| P.O. Box 632                                  |  | The Centre of   |  |  |
| Tallahassee, I                                |  |   | pe Street, Suite 810   |  |

Tallahassee, FL 32303

TO:

## TU ARTICLES OF ORGANIZATION **OF**

| POGI ONE LLC  |   |   |  |  |
|---|---|---|--|--|
| ( <u>Name of the Limited I</u><br>(A l  | <u> iability Compa</u><br>Florida Limited I | ny as it now appears on our records.)<br>Jiability Company)     |  |  |
| The Articles of Organization for this Limited Liabi<br>Florida document number <u>L19000279579</u>  | lity Company                                | were filed on 11/08/2019 and assigned                           |  |  |
| This amendment is submitted to amend the followi  | ng:   |   |  |  |
| A. If amending name, enter the new name of th   | e limited liab                              | ility company here:   |  |  |
| The new name must be distinguishable and contain the world  | e "Limited Linkil                           | lity Company," the designation "LLC" or the abbrevitin "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) |   | 9150 S Dadeland Blvd, suite 1400                                |  |  |
|   |   | Miami, Florida 33156  |  |  |
|   |   | 9150 S Dadeland Blvd, suite 1400% Miami, Florida 33156          |  |  |
| B. If amending the registered agent and/or regis  |   | address on our records, <u>enter the name of the new regi</u> s |  |  |
| Name of New Registered Agent:   | CODY GERMAN                                 |   |  |  |
| New Registered Office Address:  | 9150 S Dadelar                              | nd Blvd, suite 1400   |  |  |
| į   | Miami                                       | Enter Florida street address 33156                              |  |  |
| <u></u>   |   | , Florida   |  |  |

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name                 | <u>Address</u>  | Type of Action   |
|--------------|----------------------|-----------------|--|
| MGR          | MICHAEL J WALDING JR | 55 SW 9TH ST    |  |
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| Effective date, if other than the telescope (If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department. | be specific and o<br>ck does not me | cannot be prior to<br>eet the applical | date of filing or i<br>ble statutory fili | nore than 90 days at | otional)<br>Her tiling.) Pursuant to-<br>this date will not be | 605,0207 (3<br>listed as th                  |
| he record specifies a delayed effective ord is filed.  | date, but not a                     | an effective tim                       | ne, at 12:01 a.m.                         | on the earlier of:   | (b) The 90th day a   | fter the                                     |
| October 8 Dated  | ,                                   | 2020                                   | _ ·                                       |                      |  |  |
|  |                                     |  |   |                      |  |  |

Typed or printed name of signee