L20000080405

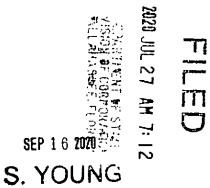
| (Re | questor's Name) | |
|-------------------------|---------------------|-----------|
| | | |
| (Ad | dress) | |
| | | |
| | ldress) | ···· |
| (r 1.0 | u. 000, | |
| | | |
| (Cit | ty/State/Zip/Phone | #) |
| | | |
| ☐ PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | isiness Entity Name | e) |
| (2) | , | , |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificates of | of Status |
| | | |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000349048470

07/27/20--01086--025 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

| SUBJECT: | Poseidon | Ol LLC ited Liability Company | | | |
|---------------------------------------|--|---|---|--|--|
| - | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | Alber | to Regalado Name of Person | | | |
| | | Name S of Person | | | |
| | | Firm/Company | | | |
| | 2100 | SW 14 Ave | | | |
| | | | | | |
| | | City/State and Zip Code | | | |
| Con fought on in formacións on | | to be used for future annual report noti | tication) | | |
| | oncerning this matter, please c | | | | |
| Alberto Name o | Resolution | at () Area Code Daytim | ne Telephone Number | | |
| Enclosed is a check for th | 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 Address: Registration Section | | <u>Street Address:</u> Registration Se | ction | | |
| Division of Corporations | | Division of Corporations | | | |
| P.O. Box 6327 | | | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 N. Monro | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Pose | don | OI LLC | | 782 |
|--|--|---|------------------------|---|
| (Name of the Limited Lie (A Fl | <mark>ability Com</mark> orida Limite | pany as it now appears on o d Liability Company) | our records.) | TIL THE |
| The Articles of Organization for this Limited Liabili | • | ny were filed on | | and assigned |
| Florida document number | · | | | 2900 二 |
| This amendment is submitted to amend the following | ā: | | | No. |
| A. If amending name, enter the new name of the | limited lia | ability company here: | | · • |
| | | | | |
| The new name must be distinguishable and contain the words | "Limited Lia | ability Company," the designa | ition "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | : | | | |
| (Principal office address MUST BE A STREET AL | DDRESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | | | |
| | | | | |
| | | | | |
| B. If amending the registered agent and/or regist | | e address on our record | ls, <u>enter the i</u> | name of the new registered |
| agent and/or the new registered office address he | <u>re</u> : | | | |
| | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | | | , Florida | 1 |
| | | 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 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

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> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|------------------|-----------------|
| MER | Alberto Regulado | Alberto Reguldo | 🗆 Add |
| | | 2100 sw 14 Ave | ⊠ Remove |
| | | Miami FL 33145 | □Change |
| AMBR | Alberto Regulado | Alberto Regulado | ≲ Add |
| | | 2100 SW 14 Ave | □Remove |
| | | Miani FL 33145 | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | ⊡Add |
| | | | □Remove |
| | | | □Change |
| | | · | □Add |
| | | | □Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Chanus |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Signature of a member or authorized representative of a member