

Corporate Filing Menu Electronic Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POP ART GOLF LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_AUGUST 20, 2020 and assigned Florida document number L20000243641 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words Limited Liability Company, Othe designation (LLCC) the abbreviation (LLCC) Ę) Enter new principal offices address, if applicable: 2 (Principal office address MUST BE A STREET ADDRESS) 1 Enter new mailing address, if applicable: σ (Mailing address MAY BE A POST OFFICE BOX) ÷ S  $\mathbf{\sigma}$ B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	Cirv	Zip Code
	, F	lorida
	Enter Florida street addre	22
New Registered Office Address:		
Name of New Registered Agent:	<del>.</del>	· · · · · · · · · · · · · · · · · · ·

## New Registered Agentis 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	SHELDON ARPAD	752 OVERRIVER DR	🗔 Add
		NORTH FORT MYERS, FL 33903	Remove
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E. Effective date, if other than the date of filing:(optional) (If an 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.) 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 3 effective date on the Department of State B records.
(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) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document B effective date on the Department of State B records.
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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 SEPTEMBER 1
Signature of a member or authorized representative of a member
Signature of a member or authorized/representative of a member
DIANA ARPAD

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

Typed or printed name of signee