

L21000003527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PODA RAZZI SERVICES 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 12/23/2020 and assigned on Florida document number L21000003527

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," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

290 NW PEACOCK BLVD #881274

PORT ST LUCIE, FL 34988

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

TRAPPED GENIUS HOLDING INC.

New Registered Office Address:

290 NW PEACOCK BLVD #881274

Enter Florida street address

PORT ST LUCIE

City

Florida 34988

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.

TRAPPED GENIUS HOLDING INC.

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>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>MICHAUD, SANDRA</u>	<u>290 NW PEACOCK BLVD #881274</u>	<input checked="" type="checkbox"/> Add
		<u>PORT ST LUCIE FL 34988</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>VP</u>	<u>RAPHAEL EVANS</u>	<u>290 NW PEACOCK BLVD #881274</u>	<input checked="" type="checkbox"/> Add
		<u>PORT ST LUCIE FL 34988</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input checked="" type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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		<u></u>	<input type="checkbox"/> Change

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(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).

Filing Fee: \$25.00