# LZ1 000075117

(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
5/21/21	

Office Use Only



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## **COVER LETTER**

	Name of Lim	ited Liability Company	
ne enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
	JEFFERY POE		
		Name of Person	····
		Firm/Company	
	114 POWELL LANE		_
		Address	
	JUPITER FL. 33458		
		City/State and Zip Code	<del></del>
	JPOESBACK@GMAIL.CO		
	E-mail address: (	to be used for future annual report noti	fication)
or further information o	oncerning this matter, please c	all:	
EFFERY POE		561 2624107	
Name c	l Person	Area Code Daytim	e Telephone Number
nclosed is a check for t	he 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 enclose

TO:

Registration Section **Division of Corporations** 

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N STYLLION OF CORPURATION

POE'S PROPERTY MANAGEMENT LLC

21 APR -2 PH 2:51

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

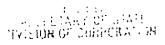
The Articles of Organization for this Limited Liability	Company were filed on $\frac{02/12/2021}{}$	and assigned
Florida document number 1.21000075117	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on our records, et	nter the name of the new register
agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		. 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 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 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 21 APR -2 P	科 2:51 Type of Action
AMBR	JEFFERY POE	114 POWELL LANE	<b>=</b> Add
		JUPITER FL. 33458	□Remove
			□Change
			□Remove
			□Change
			□Add
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P.P. E. 635.04