6/7/2021



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000225292 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_	_	
	$\overline{}$	

Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POSEIDON ARMS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176383

From: Kimberly Laughrey

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021-06-07 15:39:08 CST

(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000139306	were filed on MARCH 24, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	1140 HOLLAND DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 9	
	BOCA RATON, FL 33487	
Enter new mailing address, if applicable:	1140 HOLLAND DRIVE	
(Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FL 33487	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the nam	ne of the new registered
New Registered Office Address:	Enter Florida street address	LE JUN
New Registered Agent's Signature, if changing Registered Agent	, Florida City	Sm Zp Cod
	•	To Construct the
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I and provided for in Chapter 605, F.S. Of	Jamilic <b>es</b> vith and Fifthis document is

To: 18506176383 • Page: 4 of 5 2021-06-07 15:39:08 CST 12122023573 From: Kimberty Laughrey

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>	Name	Address	Type of Action
MGR	THOMAS E, HARRINGTON III	7940 N. FEDERAL HIGHWAY	🗀 Add
		BOCA RATON, EL 33487	
			🗀 Change
<del></del>			□Add
			□Remove
			(TChange
			CJAdd
			□Remove
<del></del>			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 🗸 🖟 🖟 🖟 🖟 🖟 🖟 🖟 🖟 🖟 🖟 🖟 🖟 🖟
			[]Remove
			[] Change

Ð,

**************************************	المراج الأفراد والمتعاولة والمتعاولة والمتعاولة والمتعاولة والمارة والمارة والمتعاولة وا
**************************************	
	ng ayang ayang masa madanda kabanan akan kaban baga daga daga daga bagan bagan bagan bagan bagan bagan da da d
**************************************	
the date, if other than the date of filing:	

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.

document's effective date on the Department of State's records.

