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T. MATTHEWS

DEC 27 2021

COVER LETTER

Registration Section

. TO:

Div	ision of Cor	porations		·,
	AMATEUR	RPROS POG LLC		
SUBJECT:	<u></u>	Name of Lim	ited Liability Company	
SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filting. Please return all correspondence concerning this matter to the following: ANDREW OUTMAN Name of Person AMATEURPROS POG LLC Firm-Company 7900 BAYMEADOWS CIR E. UNIT 68 Address JACKSONVILLE. FL 32256 City/State and Zip Code AMATEURPROS POG@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANDREW OUTMAN Name of Person 1 904 649-5001 at (Area Code Daytime Telephone Number) Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} \$30.00 Filing Fee & \$55.00 Filing Fee & \qua				
Please return	all correspo	Name of Limited Liability Company		
		ANDREW OUTMAN		
			Name of Person	
		AMATEURPROS POG L	LC	
			Firm/Company	
		7900 BAYMEADOWS C	IR E, UNIT 68	
			Address	
		JACKSONVILLE, FL 322	256	
			City/State and Zip Code	
		_		
		E-mail address: (to be used for future annual report no	otification)
For further in	nformation c	oncerning this matter, please ca	all:	
ANDREW (OUTMAN			
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	scheck for th	ne following amount:		
■ \$25.00 I	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	iling Addres gistration S			ection
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	D. Box 632 Hahassee, 1		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 050 15 MM 10: 10

AMATEURPROS POG 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 Florida document number <u>L21000280981</u>	y were filed on	06/16/2021		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company	here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company." tl	ne designation "I.	J.C" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:				3ZZS (e the new registered
Name of New Registered Agent:				
New Registered Office Address:	Enter .	Florida street ada	Iress	
			Florida	
	City	<u> </u>		Lip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>			
I benefit a constitue and interest as a conjugate of account and ma		in agrapite I	dinalana mana	en anno also milete elem

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
AMBR	HEADLEY, HOLLY	7900 BAYMEADOWS CIR. E.,	□ Add
		UNIT 68	■Remove
		JACKSONVILLE, FL 32256	□ Change
AMBR	BELTON, DUANTE	503 SUNNYSIDE COURT,	ĒAdd
		ST. MARYS, GA 31558	□Remove
			□Change
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Effective date, if other than the date of filing: 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 0.00 dozen; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The 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 dis filed. Dated OP DECEMBER 2021 Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00