L21000334480

(Requestor's Name)
(Address)
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COVER LETTER

Registration Section

TO:

Division of Cor	porations					
	POMPO, LLC					
SUBJECT:	Name of Lim	ited Liability Company	- 12-12-1			
	Amendment and fee(s) are sub					
Please return all correspo	ndence concerning this matter	to the following:				
	ALEJANDRO VILAREL	LO, ESQ.				
		Name of Person		20		
	ALEJANDRO VILARELLO, PA					
		Firm/Company		2021 AUS -5		
	16400 NW 59 AVENUE				1 1	
		Address		no ∓	*115	
	MIAMI LAKES, FLORID	A 33014		55 STATE 90: 11 Hd		
		City/State and Zip Code		, ,		
	AVLAW@VILARELLO.C	OM to be used for future annual report notif	ication)			
For further information c	oncerning this matter, please e					
	-	305 299-5550				
ALEJANDRO VILAREI		at ()				
Name o	f Person	Area Code Daytime	: Telephone Number			
Enclosed is a check for th	ne following amount:					
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &		
Mailing Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Con				
P.O. Box 632	•	The Centre of T				
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810)		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit (A Florida	y Company as it now appears on our record. Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/23/2021	and assigned
Florida document number L21000334480	<u>-</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
JOCKEY POMBO, LLC		20
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC"	" or the abbreciation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	U I
		TSTA 0
Enter new mailing address, if applicable:	·	06
Mailing address MAY BE A POST OFFICE BOX)		
	···	<u></u>
 If amending the registered agent and/or registered agent and/or the new registered office address here: 	office address on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5
-	, Flo	orida Zip Code
		7. ,, ,

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 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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			☐ Change
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ective date, if other than the di effective date is listed, the date must b	ate of filing e specific and	t:	r to date of fili	ng or more than [©]	(o pti o 0 davs after	nal) filing.) Pi	irsuant to	605.0201
e: If the date inserted in this bloc	k does not n	reet the applic	cable statutor	y filing require	ments, this	date wi	ll not be	listed as
ument's effective date on the Dep	artiment of 5	tate's records	;•					
cord specifies a delayed effective c	late but not	an effective t	ine at 12:01	am on the e	rlier of: (b)	The O	Oth day	after the
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Filing Fee: \$25.00