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





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S. CHATHAM

DEC 20 2022

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
POM Finan	cial Choice LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nadege Booz		
		Name of Person	
	Name of Limited Liability Company Address Fort Myers, FL 33901 City/State and Zip Code brownshipllc@gmail.com E-mail address: (to be used for future annual report notification) necessing this matter, please call: 3954 Area Code Stollowing amount: Stollowin		
	3900 Central Ave # 201		
	Fort Myers, FL 33901	Address	
			ification)
For further information c	oncerning this matter, please co	all:	
Nadege Booz			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	•	Certified Copy	Certificate of Status & Certified Copy
Mailing Address			ection
Registration S Division of C			
P.O. Box 632	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)	
y were filed on <u>08/23/2021</u>	and assigned
bility company here:	
ility Company," the designation "LLC" or t	the abbreviation "L.L.C."
3900 Central Ave # 201	
Fort Myers, FL 33901	J. DIV
	SIG.
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3900 Central Ave # 201	44 CS
Fort Myers, FL 33901	0.7
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address on our records, enter the	name of the new registe
<u> </u>	
Enter Florida street address	<u> </u>
, Florid	aZip Code
<u> </u>	Liability Company) y were filed on 08/23/2021 bility company here: ility Company," the designation "LLC" or 1 3900 Central Ave # 201 Fort Myers, FL 33901 3900 Central Ave # 201 Fort Myers, FL 33901 address on our records, enter the

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Brown, Robert E.	3900 Central Ave # 201	□Add
		Fort Myers, FL 33901	□Remove
			≅ Change
COO	Booz, Nadege	3900 Central Ave # 201	□Add
		Fort Myers, FL 33901	Remove SEP
			Chânge - ILEU CORFOR ST
			O STATE OF THE PREMOVE
			□Change
	-1		□Add
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09/20/2022	(optional)	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90	0 days after filing.) Pursuant to	605.02
te: If the date inserted in this block does not meet the applicable statutory filing requires cument's effective date on the Department of State's records.	ments, this date will not be	listed
atheness effective date on the Department of State 8 records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	rliar of (h) The 90th days	after th
is filed.	ner or. (b) The 30th day a	arter u
ted September 21 2022		
Hadear Boor		_
Signature of a member of authorized representative of a member	ber	-

Filing Fee: \$25.00