

K21000387712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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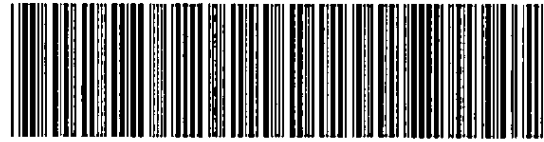
(Business Entity Name)

(Document Number)

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US  
9/24/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Potier Cargo Shipping Import & Export LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anel Homici  
Name of Person

Potier Cargo Shipping Import & Export LLC  
Firm/Company

5308 5th St W  
Address

Lehigh Acres FL 33971  
City/State and Zip Code

Homici24@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

Anel Homici at ( 203 ) 721-5523  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 enclosed)

**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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

POTIER Cargo Shipping Import & Export 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 were filed on 8/30/21 and assigned  
Florida document number L21000387712

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

POTIER Cargo Shipping Import & Export LLC,  
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

3600 EVANS AVE  
FORT MEYERS, FL 33901

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

5308 5th ST W  
LEHIGH ACRES FL 33971

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Anel Homici  
3600 EVANS AVE  
Enter Florida street address  
Fort Meyers, Florida 33901  
Zip Code

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**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rophy Homicid	3521 Wimbled Row Ln	<input checked="" type="checkbox"/> Add
		NAPLES FL 34116	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rophy Homicid	3521 Wimbled Row Ln	<input checked="" type="checkbox"/> Add
		NAPLES FL 34116	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anel Homicid	5308 5th st W	<input checked="" type="checkbox"/> Add
		Lehigh Acres	<input type="checkbox"/> Remove
		33971	<input type="checkbox"/> Change
MGR	Anel Homicid	5308 5th st	<input checked="" type="checkbox"/> Add
		Lehigh Acres FL	<input type="checkbox"/> Remove
		33971	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9/15/21

*Anel Homcil*  
Signature of a member for au

Signature of a member or authorized representative of a member

And Homicide

Typed or printed name of signee