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C. BRUMBLEY

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Division of C			
CHB D'CT.	420 Pom	DOOD LLC	
SUBJECT:		ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corres	pondence concerning this matter to	-	
	Lynd	a V. Harris)
	^	Name of Person	
	421	D Pompano, Firm/Company	LLC
	579	3A NW 151	Street
	Mian	ni Lakes, F City/State and Zip Code	L 33014
	E-mail address: (to	607 C aol.	
For further information	concerning this matter, please cal	ll:	
Lyndo	a Harris	at (954) 55 Area Code Dayti	9-9816 me Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addi</u> Registration Division of		Street Address: Registration S Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

420 Pompano) LLC	
(A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100046703</u>	y were filed on 10-27-21 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," the designation "LLC" or the abbreviation "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:	address on our records, <u>enter the name of the new register</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u> </u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		

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
MgR.	Robert Henderson,	JR. 57934 NW 151 St.	□ Add
•		JR. 5793A NW 151 St. Miami Lakes, FL 33014	Remove
			□Add
			□Remove
			□ Change
			□Remove
			□Change
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(It an effe	ve date, if other than the date of filing: 12-16-2021 (optional) retive 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 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
he record ord is fil	I 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 ed.
Dated .	12/16 2021. Signature of a member or authorized representative of a member
	Lynda V. Harris Typed or printed name of signee
	I and All II and the