## 121000492556

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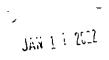
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2021 DEC 27 AM 7: 10 SECRETARY OF STATE



## **COVER LETTER**

Registration Section

Division of Corporations

TO:

	NHOUSING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tobias Neitzel		
		Name of Person	<del></del>
	POMPTONHOUSING LL	C	
		Firm/Company	
	972 SW Falcon Street		
		Address	
	Palm City, FL, 34990		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	neitz00t@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Tobias Neitzel		954 675-4198 at ()	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
€ \$25.00 Filing Fee	S30.00 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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (LED) OF 2021 DEC 207 AH 7: 11

POMPTONHOUSING LLC

SERREMAN OF STATE

(Name of the Limited Liability Company as it now appears on our records NOSTATE

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company with the Horida document number 1.21000492556	vere filed on 11/16/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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 BON)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	idress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u> </u>	, Florid	aZip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I ovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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	Powers Holding, LLC	1309 Coffeen Avenue STE 1200	
		Sheridan, WY 82801	□Remove
		<del></del>	
			□Add
		<del>.</del>	□Remove
			Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□A <b>b</b> d
			□Remove
			□Change

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Effective date, if other than the date of filing:  (Uf an effective date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with not be listed as to document's effective date on the Department of State's records.  The record 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 ord is filed.  Dated  11/23/2021 Palm City  Lightager of a member of authorized representative of a member		
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Signature of a member or authorized representative of a member	Dated 11/23/2021	Palm City
	Dated	
		Signature of a member or authorized representative of a member
	•	

Filing Fee: \$25.00