

W22000159147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

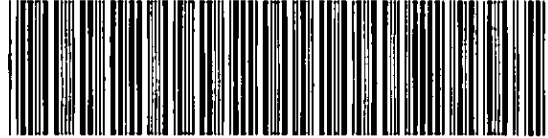
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2022 JUL 14 PM 2:57
TALLAHASSEE, FLORIDA

OCT 6 2022
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POUCOR 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:

IDA C OVIES
Name of Person

IDA C OVIES CPA PA
Firm/Company

3785 NW 82 AVE #314
Address

DORAL FL 33166
City/State and Zip Code

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

For further information concerning this matter, please call:

IDA C OVIES at (305) 477 5798
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Poucor LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 JUL 14 PM 2:57
HALL COUNTY CLERK
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L 22000159147.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3785 NW 82 AVE #314
DORAL FL 33166

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:

IDA C OVIES

New Registered Office Address:

3785 NW 82 AVE #314

Enter Florida street address

DORAL

City

Florida

33166

Zip Code

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.

Ida C Ovies

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>
MGR	CORTESE, CARLOS AUGUSTO	17150 N. BAY DR #2521	<input type="checkbox"/> Add
		SUNNY ISLES FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CORTESE CEBRIAN, GABRIEL	17150 N. BAY DR #2521	<input type="checkbox"/> Add
		SUNNY ISLES FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CORTESE CEBRIAN, MARTIN	17150 N. BAY DR #2521	<input type="checkbox"/> Add
		SUNNY ISLES FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 (3)(b)

If 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 record is filed.

Marta S. Cabrera-Rosa
Signature of a member or authorized representative of a member

2022 JUL 14 PM 2:57
HILLSDALE STATE
MILL, HILLSBORO, FLORIDA

Filing Fee: \$25.00