

L22000190734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2022 AUG 29 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POADS 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:

Jody Taylor
Name of Person

POADS LLC
Firm Company

4455 Willa Creek Dr #102
Address

Winter Springs, FL 32706-S#02
City/State and Zip Code

Kjenn3@gmail.com
E-mail address: (to be used for future annual report notifications)

Jody Taylor at (407) 375-2644
Name of Person Area Code Daytime Telephone No.

Enclosed is a check for the following amount:

X 250.00 Filing Fee
Amended
Articles
— 250.00 Filing Fee &
Certificate of Status

☐ 225.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ 250.00 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32303

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2000 N. G Street, Suite 100
Tallahassee, FL 32303

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

OF

POADS 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 4/21/22 and assigned

This amendment is submitted to amend the following:

1. 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:

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

Name of New Registered Agent:

New Registered Office Address:

Jody Taylor
4455 Willa Creek Dr

Enter Florida street address

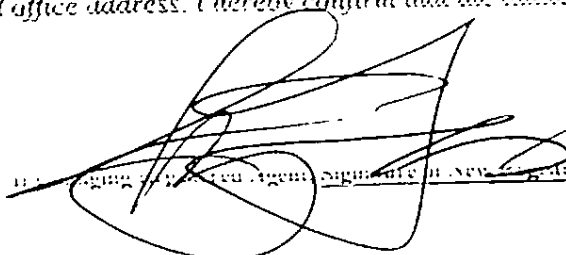
Winter Springs

City

SECRETARY OF STATE
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702

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 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.



Signature of Registered Agent (Signature of New Registered Agent)

MGR = Manager

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____ (optional)
(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), the effective date of the document is the date on the Department of State's website.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (i) The 90th day after the date of filing.

Dated 8/25/22 _____

_____ Signature of a member or authorized representative of a member

Jody Taylor
Typed or printed name of signer