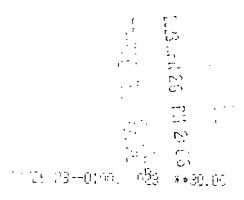
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
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(Do	ocument Number)	
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a instructions to Film	ng Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: POGO	In Dispatcy Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub- indence concerning this matter		
	VALODIA C	PAVC N Name of Person	
	ADGAR Dis	PHICH SEV	vice LLC
	Wissinher	Address Address City/State and Zip Code Code	10 ha
For further information co	oncerning this matter, please ca	all:	ication)
Va Locus	Person	at (<u>407)</u>	79-5-6 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S \$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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Toraction Security (1988)	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POGOY DISPO+CH Son (Name of the Limited Liability Com (A Florida Limited Liability Com)	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L_22.00.4366.54</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited li	
	26 & Maintenance, LLC ability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Lia	
Enter new principal offices address, if applicable:	3275 S JOHN YOUNG PKWY
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Hissimmee FL 34746
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	re address on our records, enter the name of the bew registered
Name of New Registered Agent: Rosso	naM. R. Coimbra Garcia
New Registered Office Address: 3275	5 SOHN YOUNG PKWY 5+206 Enter Florida street address
	Tiny City . Florida 34749
New Registered Agent's Signature, if changing Registered Age	nt:

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 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

Title	<u>Name</u>	Address	Type of Action
MGR	valo Dia Garcia	32755 JOHN YOUNG 51201	o_ Bladd
		Missimmee, 56 34746	_ □Remove
			□ Change
AMBR	thamiris Santos	32755 JOHN YOUNG 5120	€ ⊠vqq
		Wishingte FL 34246	□Remove
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ffective date, if other than the date of filing:	(optic	nal)		
an effective date is listed, the date must be specific and cannot be prior to date of filing or mote: If the date inserted in this block does not meet the applicable statutory filing	nore than 90 days after g requirements, this	filing.) Pur date will	suant to 60 not be lis)5,0207 (sted as t
ocument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90	th day aft	er the
is filed.				
ated $O(L_{\star} - 2.6 - 1.2)$				
ated <u>04-26-22</u>				

Filing Fee: \$25.00