Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	AA POMPAR	YO PROPER THE LIABILITY COMPANY	TIES LLC
WODOLK I	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing	
	ndence concerning this matter t	-	
Trease return in correspo	ndence concerning and manier i	o the rollowing.	
	ADAM	1 ZVCKER Name of Person	
		Name of Person	
	ARPI	THOIDING L	LC
	10733	MAPLE CHA	SECRETA PUT STATE TALLANDSSEE, FL
			77/000
	BOCA	RATON F City/State and Zip Code	L 334973 = 5
		City/State and Zip Code	Ens 1
	E-mail address: (to	o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	11:	
ADAM Z	LVCKER f Person	at ( <u>561</u> ) <u>331</u> Area Code Daytim	1326 e Telephone Number
Encloyed is a check for th	ne following amount:		
51 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	/	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Codupa</u> (A Florida Limited L	ny as it now appears on our records (ability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on <u>OCT 13</u>	2022 and assigned
Florida document number <u>L220004426</u> 74		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	$\mathcal{N}^{A}$	2022 C
		CT S
Enter new mailing address, if applicable:		75.75 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SSEE SI
	address on our records, enter t	AMIL: 23
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a	address on our records, enter t	AMIL: 23

## 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.

Cirr

16	Changing	Registered	Agent	Signature of	You	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
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		Gardens FL 33410	□Change
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	o(† 13 2022 ive date, if other than the date of filing: $\frac{10/(3/2022)}{10/(3/2022)}$ (optional)		
Effect If an off	ive date, if other than the date of filing: 10/13/2022 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu.	ant to 60	5.0207 ()
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will need seffective date on the Department of State's records.		
	·		
ne recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th jed.	day afte	er the
Dated	100+ 17th 20 2022		
	Signature of a member or authorized representative of a member		
	The Alling Lu		

Typed or printed name of signee