

(((H23000053257 3)))



H230000532573ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POCO A POCO USA LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$25.00	

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

1000	A POCO U	ISA LLC			
(Name of the Limited Liab) (A Flori	lity Compa da Limited I	ny as it now appea liability Company)	es on our records.	>	
The Articles of Organization for this Limited Liability Florida document number L23000040555			01/23/2023		and assigned
This amendment is submitted to amend the following:	 ·				
A. If amending name, enter the new name of the lin	nited liabii	lity company he	ere:		
The province when he had a second		·			
The new name must be distinguishable and contain the words "Lir	nited Liabili	ty Company," the d	esignation "LLC" o	the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET ADD	RESS)				
	2 L				
Enter new mailing address, if applicable:		·			
(Mailing address MAY BE A POST OFFICE BOX)	•	5			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office ad	ldress on our re	cords, enter th	: лате	of the new registered
Name of New Registered Agent:		<u> </u>		18 .	
New Registered Office Address:					2023
		Enter Flori	da street oddress		EB FI
		City	, Florid	ila <u>.:</u> _	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	- /			ZIP CBUE
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and clacept the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree omplete po vent as pr	erformance of 1 ovided for in Ci	ny duties, and I hanter 605 E S	am far	niliar with and

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Jenny Emilia Chams Abuchaibe	7270 NW 12T ST PH 8	ETPS OF TAXABLE
			————— ■Add
		MIAMI, FL 33126	□ Remove
		·	Change
			□Add
			□ Change
			□Add
			□ Remove
			Change
			□Remove
			Change
· · · · · · · · · · · · · · · · · · ·			□ Add
			□Remove
			□ Change
			
			□Remove
			Change

~	
	
	
	
-	
 _	
	
	
	· · · · · · · · · · · · · · · · · · ·
Youthern Jos	
ote: If the d	e, if other than the date of filing: (optional) ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed fective date on the Department of State's records.
ecord specifies is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to
is nicu.	

Typed or printed name of signee

. .