

L23000078925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

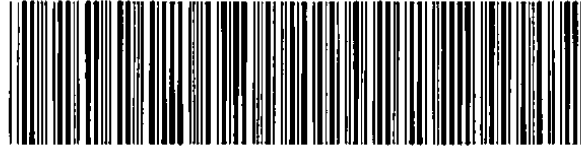
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

[Handwritten signature]

**Registration Section
Division of Corporations**

STUD POMONA 87 ST LLC

ELECT: _____
Name of Limited Liability Company

closed Articles of Amendment and fee(s) are submitted for filing.

return all correspondence concerning this matter to the following:

ALONSO RODRIGUEZ

Name of Person

STUD POMONA 87 LLC

Firm/Company

5011 WOODS EDGE CIR

Address

RIVIERA BEACH, FL 33410

City/State and Zip Code

studpomona87st@hotmail.com

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

ther information concerning this matter, please call:

ALONSO RODRIGUEZ

Name of Person

at (561) 628-3388

Area Code

Daytime Telephone Number

ed is a check for the following amount:

5.00 Filing Fee

☐ \$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 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

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

STUD POMONA 87 ST LLC

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

Articles of Organization for this Limited Liability Company were filed on 02/13/2023 and assigned
a document number L23000078925.

amendment is submitted to amend the following:

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

A

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

For new principal offices address, if applicable:

N/A

Principal office address MUST BE A STREET ADDRESS

N/A

N/A

For new mailing address, if applicable:

N/A

Mailing address MAY BE A POST OFFICE BOX

N/A

N/A

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:

ALONSO RODRIGUEZ

New Registered Office Address:

5011 WOODS EDGE CIR

Enter Florida street address

RIVIERA BEACH

Florida

33410

City

Zip Code

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 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 Changing Registered Agent, Signature of New Registered Agent

ing... removed from our records:

= Manager
R = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
SALAS ROBERTO	2227 SHIMMERY LN.	<input type="checkbox"/> Add
	LAKE WORTH FL 33462	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
N/A	N/A	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
N/A	N/A	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
N/A	N/A	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
N/A	N/A	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
N/A	N/A	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

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TALLAHASSEE, FL

Recommending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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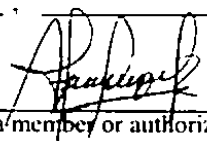
Effective date, if other than the date of filing: N/A (optional)

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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 document is filed.

Effective date: NOVEMBER 10

2024



Signature of a member or authorized representative of a member

ALONSO RODRIGUEZ

Typed or printed name of signee