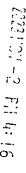
## 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special last watings to Filips Officer
Special Instructions to Filing Officer:





11/02/28--01014--009 \*\*25.00





## **COVER LETTER**

TO: Registration Se Division of Cor		· • • • • •	
SUBJECT: POMD	and Beach City	1 Toint Church	11C
Subject: 10/11/2	Name of Limi	acd Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BrAD BL	Arkuan)	
	<u> </u>	Name of Person	
		Firm/Company	<del></del>
		r инис. опірану	
	390 NW 27	I AUE	
		Address	
	0	2 : 1 234	.0
	- rompan r	Rach FL 3301	29
		City/state and 7.14) Code	
	E-mail address: (	to be used for future annual report notif	lication)
For further internation of	oncerning this matter, please ca	all·	
TO TURNET INFORMATION C	oncerning this matter, please es	utt.	
		a1(954) 892	3312
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Fiting Fee &	S60.00 Filing Fee,
7 1.525.00 Pling Pee	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addres	ss:	Street Address:	
Registration		Registration Sec	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	
Tallahassee.			e Street, Suite 810

Tallahassee, FL 32303

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>	Name	Address	Type of Action
MGR	Volanda Neal	390 NW 27 AUE	_ <b>X</b> ∕\dd
		PUM PAINO BEACH, FZ 3306	4 □Remove
			Change
MGR	BrAD BIACKMAN	390 NW 27 AUE	_ <b>⊭</b> Add
		POMPANO BEACH, FZ 33069	□Remove
		<del> </del>	🗆 Change
MGR	ANDREW GREENE	390 NW 27 AU	<b>\Z</b> \dd
		POMPANU BEACH FZ 33069	□Remove
		<del></del>	🗆 Change
			□Add
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			DChange

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 ompano Beach	n City Joint Coi	unil LLC	
(A Florida	a Limited Liability Company)	our records.	
		01 2023	and assigned
Florida document number \( \begin{align*} \) \( \lambda \)			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		200
			<del>آدِ،</del> : :
			<u> </u>
			(-)
Enter new mailing address, if applicable:			
••			•
(Mailing address MAY BE A POST OFFICE BOX)		·	<del></del>
		<u>,</u>	
R If amending the registered agent and/or registere	d office address on our recor	ds enter the name o	f the new registered
agent and/or the new registered office address here:	d office address on our recor	dot enter the hame o	T CHE HE W TELLINGTEE
Name of New Registered Agent:			
New Registered Office Address:		_	
<del>-</del>	Enter Florida s	treet address	
		, Florida	
	City		Zip Code

## 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.

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	<del></del>			
Effective date, if other than the date of filing:			(optional)	
If an effective date is listed, the date must be specific and ca Note: If the date inserted in this block does not med document's effective date on the Department of Stat	annot be prior to date of et the applicable stat	f filing or more than 90 utory filing requirem	days after filing.) Pursuant	10 605,0207 be fisted as
e record specifies a delayed effective date, but not an rd is filed.	n effective time, at 1	2:01 a.m. on the earl	ier of: (b) The 90th da	y after the
Dated 10-19 - 2023				
Dated 10-19-2023 Black	· · · · · · · · · · · · · · · · · · ·			
JUEU TIKKUU	10-	presentative of a member	7-20	

Typed or printed name of signee