## L23000287618

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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06/27/23--01027--018 \*\*25.00

## **COVER LETTER**

TO: Registration Division of C			
	ramar, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jonathan Chen		
	<del></del>	Name of Person	
		Firm/Company	
	3876 SW 171st Ave		
		Address	
	Miramar, FL 33027		•-3
	joлchen47@gmail.com	City/State and Zip Code	
	• • •	to be used for future annual report notificatio	n) ;
For further information	concerning this matter, please c	all:	• •
Jonathan Chen		954 643-1160 at ()	· 
Name	of Person	Area Code Daytime Tele	phone Number $\circ$
Enclosed is a check for	the following amount:		
<b>■ \$25.00</b> 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corporat The Centre of Tallals 2415 N. Monroe Stree Tallahassee, FL 3230	tions passee eet, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POKE MIRAMAR, LLC		
( <u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	1
The Articles of Organization for this Limited Liabili		and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	: <u></u>	<del>.</del> .
(Principal office address MUST BE A STREET A	DD <u>RESS)</u>	
		-3,
		•
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	0	
		- 1
B. If amending the registered agent and/or regist agent and/or the new registered office address he		e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rt	ida
_	City . Flori	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.

If Changing Registered Agent, Signature of New 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
MGR	LAM, TSZ SIU	5347 NW 106TH CT DORAL, FL 33178	🗆 Add
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	(optional)  prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 opticable statutory filing requirements, this date will not be listed ords.
cord specifies a delayed effective date, but not an effective filed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed 06/21 . 2023	T-
	authorized representative of a member

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Filing Fee: \$25.00