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TALL AHASSEE, FL

FILED

COVER LETTER

TO: Registration Section Division of Corporation	. •		•
SUBJECT: POH	Name of Limit	DE SERVICE ted Liability Company	LLC
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Leviv	Nom at Person	
	,	Name of Person	
	POHLKA	Firm/Company	LLL
	3009 Clemen	Aine Ct. Unit	2121
	Saras	ofu, FL 3	1240
	Krpoh	ofu FL 3. City/State and Zip Code Iman 1 & gmail	, can
	E-mail address: (to	o be used for future annual report notif	ication)
For further information con	cerning this matter, please ca	II:	
Kevin Pal	Munan	at (937) 56 Area Code Daytime	4-1729
Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POHLKAT PO	001	SERV	ICE	LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now ap Jiability Compar	pears on our recor	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 7	6/21	123	_ and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company	<u>y here</u> :		
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:	ity Company," t	he designation "LLC	C" or the abbre	eviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		· V / _ I		20.
Trincipal Office matress MOST DE ASTREET ADDRESS		ΙΙΛ		FIL 21
Enter new mailing address, if applicable:		NIT		3 11
(Mailing address MAY BE A POST OFFICE BOX)			E.F. FAIR	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on ou	ır records, <u>ente</u> ı	r the name o	of the new registere
Name of New Registered Agent:	NIA			
New Registered Office Address:	Emer	Florida street addre	ass	
		F	lorida	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept, the appaintment as registered agent and agree to act in this appacity. 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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

. If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kerin Pohlman	3009 Clementine (+.	Add
		Unit 2121	□Remove
		Sarasota, FL 342	2 <i>40</i> □Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			🗀 Change
			□ Add
			□Remove
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(If an ef <u>Note:</u>	tive date, if other than the date of filing: (optional) Tective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
ne reco	ord 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 filed.
Dated	1 August 17 2023
	16 Jahr
	Signature of a member or authorized representative of a member Levin Pahlman Typed or printed name of signee