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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SIEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON -

Account Number : I20060000135 : (305)789-3200 Phone Fax Number : (305)789-4137

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lie (A Flo	bility Comp rida Limited	any as it now appears on our records.) Liability Company)	· ·
The Articles of Organization for this Limited Liability lorida document number <u>L24000173881</u>	y Company	were filed on April 17, 2024	and assigned
This amendment is submitted to amend the following	;		į
a. If amending name, enter the new name of the I	imited liab	oility company here:	1
he new name must be distinguishable and contain the words "I	Limited Liabi	ility Company," the designation "LLC" or th	ne abbreviation 'L.L.C.
nter new principal offices address, if applicable:		8445 SW 80th Street	
Principal office address MUST BE A STREET AD	DRESS)	Ocala, FL 34481	1
			200
nter new mailing address, if applicable:		PO Box 771029	10 to
Aailing address MAY BE A POST OFFICE BOX)		Ocala, Florida 34477-1029	33 2
. If amending the registered agent and/or registe		address on our records, enter the n	ame of the neverenist
zent and/or the new registered office address here	ē:		39 PATE
Name of New Registered Agent: Ste	ams Weave	r Miller Weissler Alhadeff & Sitterson,	P.A.
New Registered Office Address: 106	E. College	Avenue, Suite 700 - SDB	·
		Enter Florida street address	:
Tul	lahassee	Elocida	32301 i

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

Pole-Carew, LLC

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.

City

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	Glenn E. Lane	44 SE 1st Avenue, Ste 207	⊡Add
		Ocala, Fiorida 34471	■Remove
MGR	Linda A. Aiosa	PO Box 771029	
		Ocala, Florida 34477-1029	∴ ☐Remove
			□ Change
			□Add
			Remove
			□ Change
	ALIA - A	·····	
			DRemove
			□ Change
			□Add
		M-2	□Remove
			□Change
			□Add
			□Re;nove
			□ Change

business th	at may be engaged in by a limited liability company organized under the Act. The Company shall hav
all powers	of a limited liability company under the Act and the power and authority to do all things necessary
or conveni	ent to accomplish its purpose and operate its business.
	· · · · · · · · · · · · · · · · · · ·
	
ffective date is	other than the date of filing:
ment's effect	ive date on the Department of State's records.
ord specifies . filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft
l	10/11/24
	Luis Du Dioso

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