124000173881

(Requestor's Name)
(Address)
(Āddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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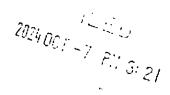
TO:

Registration Section
Division of Corporations

POLE-CAI	REW, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	John N. Beck			
		Name of Person		
	Colen & Wagoner, P.A.			
		Firm/Company		
	1756 N Belcher Rd			
		Address		
	Clearwater, FL 33765			
		City/State and Zip Code		
	john@colenwagoner.com			
	E-mail address: (to be used for future annual report not	tification)	
For further information c	oncerning this matter, please c	all:		
John N. Beck		727 545-8114		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 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		<u>Street Address:</u> Registration Sc	ection	
Division of C	Corporations	Division of Co	rporations	
P.O. Box 632		The Centre of		
Tallahassee,	EL 04314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



POLE-CAREW, LLC

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

The Articles of Organization for this Limited Florida document number L24000173881		were tiled on 04/17/202		and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	nility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	on "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8445 SW 80th Street		
		Ocala, FL 34481		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICI	E BOX)	8445 SW 80th Street Ocala, FL 34481		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records	, enter the nar	ne of the new registered
Name of New Registered Agent:	COLEN & WA	GONER, P.A.		
New Registered Office Address:	1756 N. BELCI	HER ROAD		
	·	Enter Florida stree	r address	
	Clearwater		, Florida <u></u>	3765
		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.

If Charging 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>	Name	Address	Type of Action
MGR	On Top of The world Communities, L	8445 SW 80th Street Ocala, FL 34481	= Add
			□Remove
			□Change
			DAdd
			□Remove
		-	□Change
			🗆 Add
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			□Remove
			□ Change

	
(If an e Note	ffective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the rece cord is t	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 9/25/24 A
	Signature of a member or authorized representative of a member
	Linda Aiosa Typed or printed name of signee

Filing Fee: \$25.00