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DATE: 07/22/2024 NAME: 3214 POMPANO LLC TYPE OF FILING: AMENDMENT COST: 25.00 RETURN: PLAIN COPY PLEASE ACCOUNT: FCA000000015 **AUTHORIZATION: ABBIE/PAUL HODGE**

COVER LETTER

TO: Registration : Division of Co			
	MPANO LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fec(s) are sub	unitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	JULIAN MANCINELLI		
		Name of Person	
	3214 POMPANO LLC		
		Firm/Company	
	3179 HOYLAKE RD		
		Address	
	LAKE WORTH FL 33467	7	
		City/State and Zip Code	
	julian@jfdevelopers.com	to be used for future annual report notil	fication)
For further information	concerning this matter, please c	·	
Julian Mancinelli		561 2552475	
Name of Person			e 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 Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 J - 12 17 9 1 1

3214 POMPANO 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 Liability Company	were filed on	24 and assigned
Florida document number L24000244762		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our record	s, enter the name of the new registered
New Registered Office Address:		ret address
	Cin	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	ng conc
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this capac performance of my di provided for in Chapte	aies, and I am familiar with and 2r 605, F.S. Or, if this document is
If Cha	nging Registered Agent, Sij	gnature 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
MBR	MDT DEVELOPERS LLC	3179 HOYLAKE ROAD	
		LAKE WORTH, FL 33467	□Remove
		•	■Change
MBR	DARFRA LLC	3179 HOYLAKE ROAD,	□Add
		LAKE WORTH, FL 33467	□Remove
			■Change
MBR	NEVER ALONE RULE LLC	780 NE 69 ST	
		APT 2505, FL 33138 UN	
MGR	JULIAN MANCINELLI	3179 HOYLAKE ROAD	= Add
		LAKE WORTH, FL 33467	
			□Change
			□Add
			□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			□ Change

	·
F. Effec	ive date, if other than the date of filing: (optional)
(If an e <u>Note</u>	ive date, if other than the date of filing:
f the rece	d 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 led.
	07/18/2024
	
Date	

Typed or printed name of signee

COVER LETTER

TO:

Registration Section Division of Corporations

3214 POMI	PANO 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:		
	JULIAN MANCINELLI			
	, <u></u>	Name of Person		
	3214 POMPANO LLC			
		Firnt/Company		
	3179 HOYLAKE RD			
	-	Address		
	LAKE WORTH FL 33467	,		
		City/State and Zip Code		
	julian@jfdevelopers.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Julian Mancinelli		561 2552475 at ()		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 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		Street Address: Registration Se		
Division of Corporations			Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314			ramanassee oe Street, Suite 810	
· allallance,				

Tallahassee, FL 32303