

18506176383

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To:

Division of Corporations

Fax Number : (850)617-6383

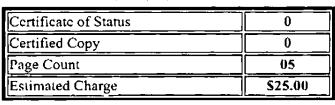
From:

Account Name : ZENBUSINESS INC. Account Number : 120230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POCO11 LLC



Electronic Filing Menu Corporate Filing Menu

2024-09-21 12:43:32 UTC+14 COVER LETTER

18506176383

From: ZenBusiness User

	gistration Servision of Corp			÷
	Poco II LĻO	c .,		
SUBJECŢ	<u> </u>	·	ited Liability Company	9
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspon	ndence concerning this matter	to the following:	
		Jonathan Taboada		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite I	301	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.co	orn to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	<u>-</u>	
c/o ZenBu	siness INC		844 493-6249	
Name of Person		Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e 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)
<u>M</u> Re	alling Address	<u>s:</u> lection	Street Address: Registration Sec	tion _

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To:

2024-09-21 12:43:32 UTC+14 185 AKTICLES OF AMENDMENT 18506176383 TO ARTICLES OF ORGANIZATION **OF**

Poco11 LLC			
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L24000380139	were filed on 2024-08-29 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6769 Berwick Pl		
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34104		
	Lee County US		
Enter new mailing address, if applicable:	6769 Berwick Pl		
(Muiling address MAY BE A POST OFFICE BOX)	Naples, FL 34104 22		
	Lee County US		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register		
Name of New Registered Agent:	<u></u>		
New Registered Office Address:	Enter Florida street address		
	, Florida		
	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.

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Page: 4 of 5 2024-09-21 12:43:32 UTC+14 18506176383 From ZenBusiness User in amending Authorized rerson(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
AMBR	Beth Hurwitz	6769 Berwick Pl	□Add
		Naples, FL 34104	□Remove
		US	■ Change
			DAdd
			Remove
			□Change
			□Remove
			□Change
			□Add
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Page: 5 of 5

Beth Hurwitz, Member

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) I ursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated ____09/20 2024 /s/Beth Hurwitz

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee