## 19900000 3105

| questor's Name)  |   |
|------------------|---|
| fress)           |   |
| Iress)           |   |
| /State/Zip/Phone | <del>=</del> #)   |
| ☐ WAIT           | MAIL  |
| iness Entity Nan | ne)   |
| cument Number)   |   |
| Certificates     | s of Status   |
| Filing Officer:  |   |
|                  |   |
|                  |   |
|                  |   |
|                  | ress)  /State/Zip/Phone  WAIT  iness Entity Nar  cument Number)  Certificates |

Office Use Only



200330202052

06/17/13--01026--003 \*\*25.00

Amund 38

JUN 28 2019

ALBRITTON

## **COVER LETTER**

| TO: Registration S<br>Division of Co |   |   | *  |
|--------------------------------------|---|---|--|
| SUBJECT:                             | Pollar L  |   | •  |
|                                      | Name of Lim                                     | ited Liability Company  | <del></del>  |
| The enclosed Articles of             | Amendment and fee(s) are sub                    | mitted for filing.  |  |
| Please return all corresp            | ondence concerning this matter                  | to the following:   |  |
|                                      |   | Name of Person  | <u>-</u>   |
|                                      |   | Firm/Company  |  |
|                                      | 234   | N. Ocean Bu   | ,  |
|                                      | Doniele G                                       | City/State and Zip Code  City/State and Zip Code  Coccas 33464  Lobe used for future annual report notifi | 191<br>n   |
| For further information              | concerning this matter, please ca               | all:  |  |
| Donalde L                            | of Person                                       | at ( <u>954</u> ) <u>536 - 5</u><br>Area Code Daytime   | Harage Telephone Number  |
| Enclosed is a check for t            | he following amount:                            |   |  |
| \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>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) |
| MAIL<br>B                            | ING ADDRESS:                                    | STREET/COURI  | ER ADDRESS;  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| - Pallar,   | <u>ار ( ا</u>                                 |  |                       |   |             |
|---|---|--|-----------------------|---|-------------|
| ( <u>Name of the L'im</u>   | ited Liability Compar<br>(A Florida Limited L | ny <mark>as it now appears on ou</mark><br>Jability Company) | <u>r records.</u> )   |   |             |
| The Articles of Organization for this Limited I                                       |   | were filed on  | 199                   | and assign                              | ied         |
| This amendment is submitted to amend the fol  | lowing:                                       |  |                       |   |             |
| A. If amending name, enter the new name   | of the limited liabi                          | lity company here:   |                       |   |             |
| The new name must be distinguishable and contain the                                  | words "Limited Liabil                         | ity Company," the designati                                  | on "LLC" or the abl   | reviation "L.L.C                        | <del></del> |
| Enter new principal offices address, if appli   | cable:  |  |                       |   |             |
| (Principal office address MUST BE A STRE  | ET ADDRESS)                                   |  |                       | 26                                      | <del></del> |
|   |   |  | ·                     | (5)<br>(1)                              |             |
| Enter new mailing address, if applicable:   |   |  |                       |   |             |
| (Mailing address MAY BE A POST OFFICE   | (BOX)   |  |                       | ======================================= | •           |
|   | <del></del>                                   |  |                       | ंग                                      | <del></del> |
|   |   |  |                       | <del></del> 6                           |             |
| B. If amending the registered agent and registered agent and/or the new registered of | l/or registered of office address here        | fice address on our r  | records, <u>enter</u> | the name of                             | the new     |
| Name of New Registered Agent:   | -t  | vielle hosse   |                       |   | <del></del> |
| New Registered Office Address:  | 234 V   | ). Ocean H<br>Enter Florida stree                            | ot address            |   |             |
|   | Deerfi  | id Beach   | Florida               | 33441                                   |             |
|   |   | 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 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 ador removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | Address           | Type of Action |
|--------------|-----------------|-------------------|----------------|
| AMBR         | Danielle Prosse | 234 Decrical, 334 | 1 Andd         |
|              |                 |                   | □ Remove       |
|              |                 |                   | Change         |
|              |                 |                   | 🗆 Add          |
|              |                 |                   | Remove         |
|              |                 |                   | ☐ Change       |
|              |                 |                   | Add            |
|              |                 | □ Remove          |                |
|              |                 | <del></del>       | Change         |
|              |                 |                   | D Add          |
|              |                 |                   | ☐ Remove       |
|              |                 |                   | Change         |
|              |                 |                   |                |
|              | <del></del>     | □ Remove          |                |
|              |                 |                   | Change         |
|              |                 |                   |                |
|              |                 |                   | □ Remove       |
|              |                 |                   | □ Change       |

| ,                |  |
|------------------|--|
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
| ,                |  |
| . Effect         | ive date, if other than the date of filing: (ontional)   |
| <u>Note:</u>     | ive date, if other than the date of filing:  |
| the re<br>)) The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
|                  | Jun 13 2019  |
| Dated            |  |
| Dated            | Signature of a member or authorized representative of a member   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00