

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number: (850) 617-6783

From:

Account Name: SANCHEZ VADILLO LLP
Account Number: 1234567890123
Phone: (305) 483-9798
Fax Number: (312) 482-8948

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

Email Address: Corporationla@shaww.com

LLC AMND/RESTATE/CORRECT OR MMC RESIGN
ROLANCO BUSINESS SOLUTIONS, LLC

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S. N. RTS

NOV 14 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: POLANCO BUSINESS SOLUTIONS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

XIOMARA POLANCO

Name of Person

SANCIEZ VADILLO LLP

Firm/Company

3105 NW 107 AVENUE, UNIT 103

Address

DORAL, FLORIDA 33172

City/State and Zip Code

CORPORATIONS@SVLAWUS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XIOMARA POLANCO

305

485-9700

at ()

Name of Person

Area Code

Daytime 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 Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POLANCO BUSINESS SOLUTIONS, 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 02/08/2016 and assigned
Florida document number L16000026540.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	ALBERTO J POLANCO	981 NW 53 STREET	<input type="checkbox"/> Add
		FORT LAUDERDALE, FLORIDA 33309	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	ELIZABETH BALDERA	981 NW 53 STREET	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FLORIDA 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

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Typed or printed name of signee

Filing Fee: \$25.00