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(Requestor's Name)
(Äddress)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration So Division of Cor				es ·
C POLAZ.	AGA LLC		*	
SUBJEGT:				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Cristian Prieto			
		Name of Person		_
		Firm/Company		_
	765 NW 133rd CT	· ·		
	Miami, FL 33182	Address		2023 FEB
	eristianolozaga@yahoo.com	City/State and Zip Code		-8 P
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti	fication)	PH 1: 13
Cristian Prieto	ioneering this matter, prease c	786 564 6005		~ 3 \sim
Name (of Person	at () Area Code Daytim	e Telephone Numbe	r
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	otion	
Division of Corporations		Division of Cor		
P.O. Box 632		The Centre of T	allahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 8	310

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on ou ed Liability Company)	r records.)		
e Articles of Organization for this Limited Liability Compar orida document number	ny were filed on	9	and assi	gned
is amendment is submitted to amend the following:				
If amending name, enter the new name of the limited li	ability company here:			
POLO Z AGA LLC				
e new name must be distinguishable and contain the words "Limited Lie	ability Company," the designati	on "LLC" or the abbrev	ciation "L.1.	C."
ater new principal offices address, if applicable:			21	
rincipal office address MUST BE A STREET ADDRESS)		3E	73	
meijai office adaress west be Astrober 1900		-ri		ų a
	<u>·</u>	ر تا پرستان می است. از مول میکند در تا در	1	· murpes
		7.4	00	1 1 8 8
iter new mailing address, if applicable:		: :::::::::::::::::::::::::::::::::::	- E	<u>कामश्य∓त</u> जुलसम्बद्ध
failing address MAY BE A POST OFFICE BOX)		ල්ග කුළ	••	1 -30
		;—: <u>;</u> ;;;	13	
If amending the registered agent and/or registered office ent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records	s, <u>enter the name o</u>	f the new	regi
New Registered Office Address:	Enter Marida etra	at address		
	imer i tortad sire	CI LULICIT COLO		
	Cin	, Florida	7i C 1:	
	Enter Florida stre 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>	Address	Type of Action
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ective date, if other than the	e date of filing:		(optional)		
reffective date is listed, the date mu	ist be specific and cannot be prior to dat lock does not meet the applicable	e of filing or more than 90 day	's after filing.) P		
nument's effective date on the L		statutory trinig requirement	is, this date wi	III HOU DE	. HSICO a
cord specifies a delayed effecti s filed.	ve date, but not an effective time, a	at 12:01 a.m. on the earlier	of: (b) The	00th day	after the
January 24	2023				
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Typed or printed name of signee