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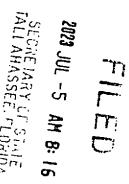
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## **COVER LETTER**

TO: Registration S Division of Co			
	ONES POLARÎLIC	•	
SUBJECT:	Name of Lin	nited Liability Company	· <del>··········</del>
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RAYWIT DAVILA		
		Name of Person	
	INVERSIONES POLAR I	LLC	
		Firm/Company	<del></del>
	5252 NW 85TH AVE AP	Γ 1107	
		Address	
	DORAL, FL 33166		
	USTUEMPRESA@GMAII	City/State and Zip Code L.COM	
	<del>-</del>	to be used for future annual report ne	otification)
For further information	concerning this matter, please c	all:	
RAYWIT DAVII.A		786 340-0372	
Name	of Person	Area Code Dayt	ime 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 Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee roe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES POLAR LLC		<del></del>			
(Nume of the Limited (A	Liability Comp Florida Limited	any as it now appears on ( Liability Company)	our records.)		_
The Articles of Organization for this Limited Liab Florida document number 1.22000123213	oility Company	y were filed on $\frac{03/10/20}{}$	022	and	assigned
This amendment is submitted to amend the follow	 /ing:				
A. If amending name, enter the new name of t	he limited liat	bility company here:			
NA					
The new name must be distinguishable and contain the wor	ds "Limited Liab	ility Company," the designa	ation "LLC" or the abbr	eviation	"L.L.C."
Enter new principal offices address, if applicat	ole:	NA	SEC	2023	
(Principal office address MUST BE A STREET	ADDRESS)		AH.	<u></u>	T
			ASS	<u>_</u> 2	
Enter new mailing address, if applicable:		NA	COF S 14 EE. FLOR	AM OP	ED
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	<del></del>	<u> </u>	<u>~</u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office here:	address on our record	ls, <u>enter the name</u>	of the r	iew regis
Name of New Registered Agent:	NA	<del></del>			
New Registered Office Address:	NA				
<del></del>		Enter Florida str	eet address		
	NA		Florida <sup>NA</sup>		
		City		Zin Coa	le .

## 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 t 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>	Name	Address	Type of Action
MGR	ALEJANDRA C SERRANO DOM	5252 NW 85TH AVE APT 1107	<b>≡</b> Add
		DORAL, FL 33166	□Remove
			□Change
AMBR	RAYWIT DAVILA	5252 NW 85TH AVE APT 1107	□Add
		DORAL, FL 33166	≣Remove
			□Change
AMBR	RAYNEL DAVILA	5252 NW 85TH AVE APT 1107	□Adđ
		DORAL, FL 33166	■Remove
			□Change
NA	NA	NA 	□Add
			□Remove
			□Change
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ective date, if other than the	e date of filing: NA		,	
n effective date is listed, the date mu	ist be specific and cannot be no	rior to date of filing or i	option (option) nore than 90 days after fi	1 1 1 co -
te: If the date inserted in this becament's effective date on the E	nock does not meet the app	ilicable statutory filir	ig requirements, this o	late will not be liste
	,			<b>2023 JUL</b> SECRE
cord specifies a delayed effective	ve date, but not an effective	o timo, at 12:01 a.m.	on the small of C (1)	AHA AHA AHA AHA AHA AHA AHA AHA AHA AHA
s filed.	re date. But her an encery	z time, at 12.01 a.m.	on the earner of: (b)	The pot the day after
ed	2023			FLORIE 
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	Pau	wit Davila		÷,
<del></del>				
+	Signature of a member or hu	thorized representative	of a member	

Filing Fee: \$25.00