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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
erin rez	POLLETO			
SUBJE	CT:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		PABLO MARTIN POLET	то	
			Name of Person	••
		POLLETO'S LLC		
			Firm/Company	
		7901 4TH STREET N. ST	E 300	
			Address	
		ST. PETERSBURG, FLOR	RIDA, 33702	
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	otification)
For furth	her information c	oncerning this matter, please co	all: -	
	Name o	f Person	at () Area Code Days	ime Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5		<u>Street Address:</u> Registration S	Section
	Division of C		Division of C	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POLLETO'S LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company	were filed on 01/17/2024		and assigned
lorida document number L24000034730			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	ility company here:		
POLETTO CM LLC			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "	'LLC" or the abbrevi	iation "L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			20
			024 HAR
			₹ 1
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		CO CT CT: T	3 m
Taking daily cas 1911 192111 Oct Oct 19019		1'(0)	۲. D
		,====	08
3. If amending the registered agent and/or registered office a	address on our records, <u>cı</u>	nter the name of	
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
Test registered office rights.	Enter Florida street ac	ddress	
		, Florida	
-	City	2	tip 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>	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		<del></del>	□ Change
			🖸 Add
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			□Remove
			□Change
		-	□Add
			□Remove
			Change

Effective date, if other than the date of filing:  [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.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  Be 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 rd is filed.  Dated  FEBRUARY 2  2024  **Table Alay Alay Alay Raddy Signature of a member or authorized representative of a member.		
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Signature of a member or authorized representative of a member	rd is fil	FERRILARY 2 2024
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Filing Fee: \$25.00