

L000000014046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

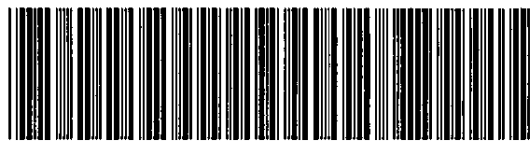
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300238191693

08/20/12--01006--026 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 AUG 20 AM 8:22

FILED

J. SAULSBERRY
EXAMINER

AUG 21 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pollux 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:

Jody Provencher
Name of Person

Pollux LLC
Firm/Company

P.O. Box 66241
Address

St. Pete Beach, FL 33736
City/State and Zip Code

LK4Pollux@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2012 AUG 20 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jody Provencher at (727) 366-3448
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|--|--|
| MGRM | Jody Provencher | P.O. Box 66241 <u>33736</u> St. Pete Beach, FL 33700 <i>JK</i> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Laura Kennedy | P.O. Box 66241 <u>33736</u> St. Pete Beach, FL 33700 <i>JK</i> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
 2012 AUG 20 AM 8:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated August 15, 2012

Laura Kennedy
Signature of a member or authorized representative of a member

Laura Kennedy
Typed or printed name of signee