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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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J. SAULSBERRY EXAMINER 'AUG **21** 2012

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration S Division of Co						
SUBJE	CT:	P	ollux LLC				
5 0 03 1.	···	Name of Lim	ited Liability Company	•			
		f Amendment and fee(s) are sul					
	·	-					
			Jody Provencher Name of Person				
	Pollux LLC						
			Firm/Company				
	P.O. Box 66241			<u>></u> Se	2017		
			Address	<u> </u>	AH) A	
		C+	Pete Beach, FL 33736		TAR	7012 AUG 20	
		<u> </u>	City/State and Zip Code		E O		ŕ
		L	K4Pollux@gmail.com		FS	AM 8 22	-
		E-mail address: (to be used for future annual report notification	1)	LORIO	1 00	
For furt	her information of	concerning this matter, please of	call:		>	N	
		ly Provencher		-3448	·		
	Name o	of Person	Area Code & Daytime Tele	phone Number			
Enclose	d is a check for t	the following amount:					
▼ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu		ed)
	Regist	ING ADDRESS:	STREET/COURIER A Registration Section				
Division of Corporations		on of Corporations	Division of Corporations	i			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Pollux LLC			
(Name of the Limited Liability (A Florida I	Company as it now appea Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C	ompany were filed on	11/06/2000	and assigned	
Florida document numberL0000014046	_·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company he	<u>re</u> :		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:			7 20 Z	
(Principal office address MUST BE A STREET ADDR	EESS)		2 2 T	
		· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:			O AM BE 22	
(Mailing address MAY BE A POST OFFICE BOX)			9 22 9 22	
	· · · · · · · · · · · · · · · · · · ·		>	
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, <u>enter tl</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City		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 608, 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 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 **Address Type of Action Title** Name 1 Jody Provencher MGRM P.O. Box 66241 St. Pete Beach, Fl Remove Laura Kennedy MGRM P.O. Box 66241 ☐ Add St. Pete Beach, FL-33709 ✓ Remove ☐ Add Remove ☐ Add Remove \square Add ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Laura Kennedy Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00