1040000 43587

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (During Filt March |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

November 16, 2019

VICTOR H DE YURRE 6780 CORAL WAY MIAMI, FL 33155

SUBJECT: POLK INVESTMENTS, LLC

Ref. Number: L04000043587

We have received your document for POLK INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 319A00023580

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| POLK INVESTMENTS, LLC | | |
|--|---|--------------------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our record ability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited Liability Company velocida document number $\frac{L04000043587}{L04000043587}$. | vere filed on 6/10/04 | and assigned |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| he new name must be distinguishable and contain the words "Limited Liabilit | y Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | 201 |
| | | 0 0 |
| | | |
| inter new mailing address, if applicable: | | |
| •• | | 3 |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| 3. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here: | | s, enter the name of the no |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addres | S |
| | Flo | orida |
| | 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 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

it 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 |
|--------------|---|--|----------------|
| MGRM | ARMANDO GUTIERREZ, SR. | | |
| | | 3175 SW 8 STREET | |
| | | MIAMI, FLORIDA 33135 | ■ Remove |
| | | | Change |
| AMBR | ARMANDO GUTIERREZ, AS TRUSTEE OF THE ARMANDO | 3175 SW 8 STREET MIAMI, FLORIDA 33135 | ∃ Add |
| | GUTIERREZ REVOCABLE | | |
| | | | □ Remove |
| | | | Change |
| MGRM | MARITZA C. GUTIERREZ | | 5 |
| | | 3175 SW 8 STREET | |
| | | MIAMI, FLORIDA 33135 | Remove |
| | | | Change |
| AMBR | MARITZA C. GUTIERREZ, AS TRUSTEE OF THE MARITZA | 3175 SW 8 STREET MIAMI, FLORIDA 33135 | ⊟ Add |
| | C. GUTIERREZ REVOCABLE TRUST | | |
| | , 1-0 2) | - | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | |
| • | | | |
| | | | Remove |
| | | | Change |

| D. If amending any other inform | ······································ | • * * . | | |
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| E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the | nust be specific and cannot be pri- block does not meet the appl | icable statutory filing requ | (optional) in 90 days after filing.) Pursuant to 6 irements, this date will not be li | 505.0207 (3) isted as the |
| If the record specifies a delay (b) The 90th day after the re | | not an effective time, | at 12:01 a.m. on the ear | rlier of: |
| OCTOBER 22 | 2019 | | | |
| | Than | · | | |
| | Signature of a member or aut | thorized representative of a n | nember | |
| VICTOR H. DE YUR | RRE, ESQ. | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00