

LD60000TT320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

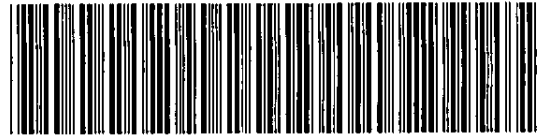
Certified Copies _____ Certificates of Status _____

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12 JUN -6 PM 3:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **POLARBEAR FUND, LLC**
DOCUMENT NUMBER: **L06000077320**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIFFANY TODD

Name of Contact Person

Firm/ Company

2103 LUSITANIA DRIVE

Address

SARASOTA, FL 34231

City/ State and Zip Code

MGMCORP@VERIZON.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIFFANY TODD

Name of Contact Person

at (**941**) **586-4789**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2012

TIFFANY TODD
2103 LUSITANIA DRIVE
SARASOTA, FL 34231

SUBJECT: POLARBEAR FUND, LLC
Ref. Number: L06000077320

We have received your document for POLARBEAR FUND, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 212A00015115

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Polar Bear Fund LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number LOG000077320 08-04-06

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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)

2103 Lusitania Drive
Sarasota FL 34231

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2103 Lusitania Drive
Sarasota FL 34231

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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12 JUL -6 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

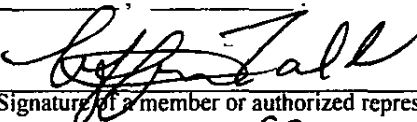
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Tiffany Todd	2103 Lusitania Drive Sarasota FL 34231	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Miranda Todd	2103 Lusitania Drive Sarasota FL 34231	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Robert Todd	2044 Constitution Blvd Sarasota FL 34231	<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

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

Dated 6/2/12



Signature of a member or authorized representative of a member

Tiffany Todd

Typed or printed name of signee