

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : JTAX CORP
Account Number : I20200000009
Phone : (954)544-1000
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: HELLO@JTAXCORP.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
POLY DEFENSOR USA, LLC

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Corporate Filing Menu

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MAY 19 2020

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

POLY DEFENSOR USA 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 10/27/2009 and assigned
Florida document number L09000104534.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

JTAX CORP

New Registered Office Address:

23123 STATE RD 7 STE 315

Enter Florida street address

BOCA RATON

City

Florida 33428

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 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

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

PLEASE CHANGE AMBR ROGERIO CAMPOS BELTRAO'S NAME TO:

ROGERIO MOREIRA CAMPOS BELTRAO

FIRST NAME: ROGERIO

MIDDLE NAME: MOREIRA

LAST NAME: CAMPOS BELTRAO

E. Effective date, if other than the date of filing: _____ (optional)

(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 (2)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated MAY 14TH, 2020

Rogério Moreira Campos Beltrão

Signature of a member or authorized representative of a member

ROGERIO MOREIRA CAMPOS

Typed or printed name of signee