L12000105183

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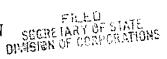
COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Polar Basics Internat	tional, LLC	
SUBJECT:	Name of L	imited Liability Company	
		••	•
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Charles F. Schmi	tt, Esq.	
	Law Offices of Cl	narles F. Schmitt, P.L.L. Firm/Company	.C.
Jacksonville, Florida 32246 City/State and Zip Code	10000 Gate Park	way North, Suite 1516 Address	<u></u>
	 		
	charlie@charlies E-mail addre	chmitt.com ess: (to be used for future annual r	eport notification)
For further information co	oncerning this matter, please ca	ılı: .	
Cha	rles F. Schmitt	904	838-5841
Name	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
✓ \$25.00 Filing F	ce \$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)
Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER A Registration Section Division of Corporation: Clifton Building 2661 Executive Center 6 Tallahassee, FL 32301	s

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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Polar Basics Interna	tional, LLC	
(Name of the Limited Liability Comp (A Florida Limit	any as it now appears on e	our records.)
(TTIONAL DIIII)	ou islubility company)	;
The Articles of Organization for this Limited Liability Co.	mpany were filed on _	Aug. 15, 2012 and assigned
Florida document number <u>L12000105183</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company h	ere:
The new name must be distinguishable and end with the words "Limite" L.L.C."	d Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	t	4,
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address.		records <u>, enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	E	nter 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

<u>Title</u>	<u>Nam</u> e	<u>Addres</u> s	Type of Action
MGRM	Carling James Brackey	476 Osceola Ave.	Add
		Jacksonville, Florida 32250	Remove
			Add Remove
			Add Remove
			Add 2 Remove
			TARY OF STATEMS OF CORPORATE 29 PM 1:18
			Remove
			Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	·
-	
_	
-	
d	November 16 , 2012 .
	Signature of a member or authorized tepresentative of a member
	J. R. Rushing

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