

06/17/2031 04:26

**4300017372739**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

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Fax Number : (850)617-6383

AUG - 6 2013

L. SELLERS

From:

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
POLYFLEX LLC**

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13 AUG -5 AM 8:00

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H130000173727

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

POLYFLEX 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 05/14/13 and assigned  
Florida document number L13000070739

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)

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:

MIRIAN GARCIA

New Registered Office Address:

9737 NW 41 ST #633

Enter Florida street address

MIAMI

Florida

33178

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

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STATE OF FLORIDA

H1300017327

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:

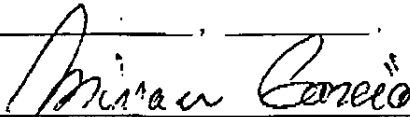
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
	OSCAR FARIA		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MIRIAN GARCIA	9737 NW 41ST # 633 MIAMI FL 33178	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> 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

MIRIAN GARCIA

Typed or printed name of signee