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B. BOSTICK
OCT 1 5 2013
EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBTRAT.

10810S TRUST LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Pritchard

Name of Person

Polaris Capital and Investment

Firm/Company

2234 North Federal Highway, Suite 430

Address

Boca Raton, FL 33431

City/State and Zip Code

Tom@polarisinvestors.com

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

For further information concerning this matter, please call:

Thomas Pritchard

__561₁235-7980

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10810S TRUST LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Companification of Companies of Organization for this Limited Liability Companies of Organization for this organization for the Organization for this Liability Companies of Organization for the Organization f	ny were filed on May 24, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin	nited Liability Company." the designation	on "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		27 6
		(A): -
		[11] T
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE BOX)		-
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	www.balalala	400-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
B. If amending the registered agent and/or registered of	office address on our records, ent	er the name of the new
registered agent and/or the new registered office address he		-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	, Florida	
	City , Florida	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 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>	Name	Address	Type of Action
MGR	CLOUD BLUE LLC	2234 N Federal Highway #430	Add
		Boca Raton, FL 33431	Remove
MGR	Polaris Holdings LLC	2234 N Federal Highway #430	Add
		Boca Raton, FL 33431	_ Remove
			_
		TACE TO THE PARTY OF THE PARTY	Remove
			Add
		OH:	Remove
			Add
			Remove
			Add
			Remove

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
10-9-2013,	·
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Signature of a member of	authorized representative of a member
Thomas Pritchard	_
Typed or	printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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