## L13000110607

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## · COVER LETTER

Registration Section Division of Corporations

TO:

	Investment & Holdings, LLC			
SUBJECT:	Name of Lim	ited Liability Company	-	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Peter Greg Brady			
		Name of Person		
	Polygroup Investment & H	oldings, LLC		
		Firm/Company	<del></del>	<u>-</u>
	21218 St Andrews Blvd #7	755		
		Address		
	Boca Raton, FL 33433			
		City/State and Zip Co	de	· · · · · · · · · · · · · · · · · · ·
	GregpBrady@gmail.com			
	E-mail address: (	to be used for future ann	ual report notif	ication)
For further information of	concerning this matter, please c	all:		
Peter Greg Brady		954 at ()	854-0252	
Name o	of Person	Area Code	Daytime	Telephone Number
Enclosed is a check for t	he following amount:			7871
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	•	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration : Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Regi Divis The 0 2415	t Address: stration Sec sion of Corp Centre of Ta N. Monroe thassee, FL	porations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Polygroup Investment & Holdings.		and it	
( <u>Name of the Limi</u>	(A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number <u>L13000110607</u>	Liability Company	were filed on August 6, 2013	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity 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)		5220 SW 64th Ave	
		Davie, FL 33314	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u> </u>	5220 SW 64th Ave Davie, FL 33314	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ess here:	address on our records, <u>enter the</u>	<del>-</del>
Name of New Registered Agent:	Brady, Peter Gr	reg	> 1
New Registered Office Address:	5220 SW 64th		= ·J
	Davie	Enter Florida street address	P (5)
		City , Floric	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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			i
			□ Remove
			□Change
			□Remove
			Change

	<del></del>
	202
	72
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Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more.  If the date inserted in this block does not meet the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 605.0
ote: If the date inserted in this block does not meet the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 605.0 g requirements, this date will:not be listed
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