

L14000046216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

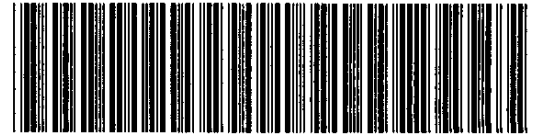
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400261896764

07/09/14--01006--002 \*\*25.00

FILED  
14 JUL -9 09 46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 09 2014

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Polux Americas 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:

Leon Lopez Luis Guillermo  
Name of Person

Polux Americas LLC  
Firm/Company

7270 NW 35 Terrace  
Address

Miami FL 33122  
City/State and Zip Code

alcerana15@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leon Lopez Luis Guillermo  
Name of Person

at ( 305 ) 775 0163  
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**

Polux Americas 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 3/20/14 and assigned Florida document number L14000046216.

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)

7270 NW 35 TERRACE

MIAMI FL 33122

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

**B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mgr</u>	<u>Lopez Rueda, Carlos Javier</u>	<u>3390 Mary Street Suite 116</u>	<input type="checkbox"/> Add
		<u>Coconut Grove FL 33133</u>	<input checked="" type="checkbox"/> Remove
<u>mgr</u>	<u>Velazquez, Javier Enrique</u>	<u>3390 Mary Street Suite 116</u>	<input type="checkbox"/> Add
		<u>Coconut Grove FL 33133</u>	<input checked="" type="checkbox"/> Remove
<u>mgr</u>	<u>Velazquez, Juan Carlos</u>	<u>3390 Mary Street Suite 116</u>	<input type="checkbox"/> Add
		<u>Coconut Grove FL 33133</u>	<input checked="" type="checkbox"/> Remove
<u>mgr</u>	<u>Liu, Kaikin</u>	<u>7270 NW 35 Terrace</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FL 33122</u>	<input type="checkbox"/> Remove
<u>mgr</u>	<u>Liu, Kaijia</u>	<u>7270 NW 35 Terrace</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FL 33122</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRET  
14 JUL 1979  
FALLING  
FILED

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

---

---

---

---

---

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

*Leon Lopez Luis Guillermo*

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 JUL -9 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA