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(Re	equestor's Name)	
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(Do	ocument Number)	
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COVER LETTER

Division of Corp	porations	•	
SUBJECT:	Polear Cha		
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Felix t	Name of Person	
	Hiolear	lle	
		Firm/Company	
	/3730 Nu	o 6thet. Address	
		Address	
	DOETH H	Jami, FL 33168	3
	Molcar LLC E-mail address: (1	City/State and Zip Code Segmail. Long to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	dl:	
Felix P. Name of	Hartinez Person	at (<u>784</u>) <u>482</u> - Area Code <u>Daytime</u>	5553. Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

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

Molear 16		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L140005/679</u> .	pany were filed on D3/28/2014 and assigned	
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 contain the words "Limited I	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	<u>s</u>	
Enter new mailing address, if applicable:		!
(Mailing address MAY BE A POST OFFICE BOX)		_^^
	<u>බ</u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the name</u> <u>here</u> :	<u>2</u> W
Name of New Registered Agent:		
New Registered Office Address:		
	Enter 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u> **Name** Type of Action MGR Adriano de Oliveira 13780 DW 6th NorthHigh XAdd ☐ Remove Felix P. Martinez 13730 NW 6th of NORTH MIAMI, FC 33168 _□ Change MGR Felix P. Partinez 13730 DW 6th at NORTH MIAMI, FC 33168 ☐ Remove Change □ Add □ Remove ☐ Change _□ Add □ Remove _□ Change _□ Add ☐ Remove ☐ Change

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ote:	ve date, if other than the date of filing: 03/09/2019 (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at ent's effective date on the Department of State's records.
e reci The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated _	March 06 2019. Vailen Perez
	Signature of a member or Authorized representative of a member
	The state of the s

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Filing Fee: \$25.00