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R. WHITE FEB 1 8 2013





COVER LETTER

TO:	Registration Se Division of Cor			
enn ir	Polarg, LLC			
SUBJE	СТ:		nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Michael E. Steuer, CPA		
			Name of Person	erson pany Sip Code re annual report notification) 797-9000
		Steuer & Co., CPA		
			Firm/Company	
		1000 S Belcher Rd. Suite 7	7	
			Address	
		Largo, FL 33771		
		myinfo@mikethecpa.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fun	ther information c	oncerning this matter, please ca	all:	
Michae	el E. Steuer, CPA		727 797-9000 at ()	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 Filing Fee	S30.00 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

FILED

Polarg, LLC		2019 FEB 11 PM 3-52
(Name of the Limited I	Liability Company as it now apperformed Limited Liability Company	ears on our records.)
ne Articles of Organization for this Limited Liabi		TALLA ASSIE, FI
	lity Company were filed on [and assigned
orida document number L14000076877		
his amendment is submitted to amend the following	ng:	
. If amending name, enter the new name of th	e limited liability company	<u>here</u> :
ne new name must be distinguishable and contain the words	s "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicabl	,	
Principal office address MUST BE A STREET A	IDDRESS)	
nton nove mailing address if applicables		
nter new mailing address, if applicable:		
<u> Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	
		
. If amending the registered agent and/or	registered office address	on our records, enter the name of the no
gistered agent and/or the new registered office		,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
_		, Florida
	City	Zip Code
w Registered Agent's Signature, if changing Regi	stered Agent:	
nereby accept the appointment as registered a ovisions of all statutes relative to the proper a cept the obligations of my position as register ing filed to merely reflect a change in the regi mpany has been notified in writing of this cha	und complete performance of ed agent as provided for in istered office address, I her	of my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jesus U Castillo	4404 W Idlewild Ave	
			X Add
		Tampa, FL 33614	
			Remove
			Change
			
			□ Remove
			Change
			Add
			
			Remove
			□ Change
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			□ Remove
			Change
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			Remove
			Change

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Page 3 of 3

Filing Fee: \$25.00