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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE SECRETARY ASSEE, FLORID

JUN - 3 2015

T. HAMPTON

COVER LETTER

Division of Corpora	tions		
SUBJECT: Pola	express	CARRIER (LLC
	Name of Limi	ited Liability Company	
The enclosed Articles of Amer	ndment and fee(s) are subr	mitted for filing.	
Please return all corresponden	ce concerning this matter t	to the following:	
•	J	Ü	
	Margarit	g Capin	
_		Name of Person	
	Pola expre	Name of Person Substitute of Person Substitute of Person Substitute of Person Part Company	LLC
		Firm/Company	
		Address	
-		Address	
	St. Resers	Beeng FL City/State and Zip Code BZ D & MO/L o be used for future annual repor	33710
	_	City/State and Zip Code	
	CZILBERS.	BZ @ small	com
	E-mail address: (to	o be used for future annual repor	t notification)
For further information concer			
Bentsion Zi	l ber sweyn	at (727) 43	3-03//
Name of Perso	on	Area Code Da	aytime Telephone Number
Enclosed is a check for the foll	lowing 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

	Pola	express	Cark	erel	LL	\subseteq		
•	(Nar	ne of the Limited Liab (A Flori	Hity Company of da Limited Liab	as it now ap ulity Compar	ocars on our iy)	records.)		
The Articles o	f Organization for th	is Limited Liability	Company we	re filed on	03/2	3/201-	and assi	gned
Florida docum	nent number <u>L/</u>	500005131	<u>17</u> .			•		
This amendme	ent is submitted to an	nend the following:						
A. If amendi	ng name, <u>enter the</u>	new name of the lin	nited liabilit	y company	<u>here</u> :			
The new name m	oust be distinguishable an	d contain the words "Li	mited Liability	Company," t	he designatio	n "LLC" or	the abbreviation "L.L	C."
Enter new pri	incipal offices addr	ess, if applicable:	_					
(Principal offi	ice address MUST B	E A STREET ADD	RESS)				ASE 15	
							CRE	
							TAR	1
Enter new ma	ailing address, if ap	plicable:					333 7 0 7	= m
(Mailing addr	ess MAY BE A POS	T OFFICE BOX)	_				FS	<u> </u>
							OR!	5
			_				D	
	ling the registered			e address	on our r	ecords, <u>e</u>	nter the name o	of the new
t censtered ago	the analog the new l	ceistereu ontee au	diess here.					
<u>Nam</u>	e of New Registered	Agent:	·				***	
New	Registered Office A	ddress:	···					
				Enter	Florida street	t address		
						, Florid		
.				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

	authorized Person(s) authorized to mana om our records:	nge, enter the title, name, and address of each	person being added
MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Bors Larin	621526 aver N	Add
		85 Perenburg FL 33710	Remove
			Change
<u>AMB</u> R	Bentsion Zilbersney	n 6215 26 ave N	bAdd
		St. Peresbeerg FL 337,	<u>O</u> □ Remove
			Change
AMBR	Tacob Vaks	6215 26 ave N St. Peresburg FL 3371	Add
		St. Peresburg FL 3371	⊘ □ Remove
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☐ Change

fective date, if other than the date of filing: (uptional) (upti	"amen	ding any ot	her inforn	nation, ent	er chan	ige(s) he	re: (Atta	ch additio	nal sheet	s, if nece	ssary.)		
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