

L150000 51317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED
15 JUN 29 AM 7:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 30 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POLA EXPRESS CARRIER L.L.C.
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:

BEN ZILBERSHTEYN

Name of Person

POLA EXPRESS CARRIER L.L.C.

Firm/Company

6215 26TH AV. NORTH

Address

ST. PETERSBURG FL. 33710

City/State and Zip Code

BZILBERS.BZ@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEN ZILBERSHTEYN

Name of Person

at (727)

Area Code

433-0311

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &

☐ \$55.00 Filing Fee &

☐ \$60.00 Filing Fee,

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

POLA EXPRESS CARRIER L.L.C.

(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 03/23/15 and assigned Florida document number L15000051317.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JACOB VAKS	6215 26TH AV. NORTH	<input type="checkbox"/> Add
		ST. PETERSBURG FL 33710	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BEN ZILBERSHTEYN	6215 26TH AV. NORTH	<input type="checkbox"/> Add
		ST. PETERSBURG FL 33710	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

15 JUN 29 AM 7:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: 06/24/15 (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 06/24/15, _____

M. Cape
Signature of a member or authorized representative of a member

MARGARITA LAPIN
Typed or printed name of signer