

L15 000651317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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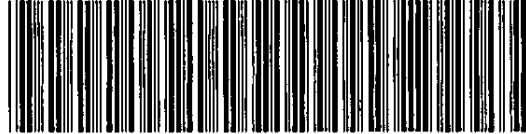
(Business Entity Name)

(Document Number)

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15 AUG 19 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 20 2015  
J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pola express carrier 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:

Margarita LAM  
Name of Person  
Pola express carrier LLC  
Firm/Company  
6215 26 ave N.  
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 Zilbersweig at 727 433-0311  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Pola express carrier 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 03/23/2015 and assigned Florida document number L150000.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

~~Ben Zilbershteyn~~

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

BEN ZILBERSHTEYN  
Ben ZILBERSHTEYN

New Registered Office Address:

6215 26TH AV. NORTH

Enter Florida street address

ST. PETERSBURG

City

, Florida

33710

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>
<u>MNG</u>	<u>Margarita Lapin</u>	<u>6215 26 ave N.</u>	<input type="checkbox"/> Add
		<u>S. Petersburg FL 33710</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MNG</u>	<u>Ben ZILBERSHTEYN</u>	<u>6215 26 ave N</u>	<input checked="" type="checkbox"/> Add
	<u>BEN ZILBERSHTEYN</u>	<u>S. Petersburg FL 33710</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE  
ALL AMASSCS, FLORIDA

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SECRETARY OF STATE  
ALL AMBASSY ST. FLORIDA

**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.

Dated 12 August, 2015

Margaret Lann  
Typed or printed name of signer