# LE00537

(Re	questor's Name)			
(Address)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
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08/26/15--01016--016 \*\*25.00



AUG 2 7 2015 S. YOUNG

# **COVER LETTER**

10: 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:
BEN ZILBERSHTEYN Name of Person
POLA EXPRESS CARRIER LLC Firm/Company
6215 26TH AV. NORTH Address
Sr. PETERSBURG FL. 337/65 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BENZILBERSHIEYN at (727) 433-0311
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<del> </del>
The Articles of Organization for this Limited Liability Company were filed on $\frac{D3/23/\lambda}{1000051317}$ .	5 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 Liability Company," the designation "LLC" or the Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	e abbreviation "L.L.C."
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, entregistered agent and/or the new registered office address here:	er the name of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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 = N $AMBR = A$	lanager Authorized Member	
<u>Title</u>	Name	Address 5216 26 VM AV. NERTH Type of Action
MGR	JACOB VAKS	Address 6215 26 FH AV. NERTH Type of Action St. PETERSBURG FL.33710 Add
		Remove
		Change
	<u> </u>	
		□ Remove
		Change
		Add
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		Add Section 198
		□ Remove
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Filing Fee: \$25.00