

L16000074642

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H180001924373))



H180001924373ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6353

From:

Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305) 541-3980
Fax Number : (888) 772-8108

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
POLO ARGENTO LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUL - 2 2018

H18000192437 3
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

POLO ARGENTO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
18 JUN 29 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April, 15th, 2016 and assigned Florida document number L16000074642

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1000 W AVE UNIT#205

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33139

Enter new mailing address, if applicable:

12010 HIALEAH GARDENS BLVD#4

(Mailing address MAY BE A POST OFFICE BOX)

HIALEAH GARDENS, FL 33018

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:

NICOLAS O ARGENTO

New Registered Office Address:

1000 W AVE UNIT#205

Enter Florida street address

MIAMI

City

Florida 33139

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

Page 4 of 3

H18000192437 3

H18000192437 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	MELINA BOZO	181 SOUTH DRIVE	☐ Add
		MIAMI SPRINGS, FL 33166	☒ Remove
AMBR	VERONICA ALEJANDRA GONZALEZ	1000 W AVE UNIT#205	☒ Add
		MIAMI, FL 33139	☐ Remove
CEO	NICOLAS O ARGENTO	1000 W AVE UNIT#205	☒ Add
		MIAMI, FL 33139	☐ Remove
MGR	NICOLAS O ARGENTO	7501 E. TREASURE DR. SUITE 107	☐ Add
		NORTH BAY VILLAGE, FL 33141	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

FILED
18 JUN 29 AM 10:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

H18000192437 3

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE, 19TH 2018

Signature of a member or authorized representative of a member

Nicolás Oscar Argento

Typed or printed name of signer

FILED
18 JUN 29 AM 10:46
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

H18000192437 3