

460000 87143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

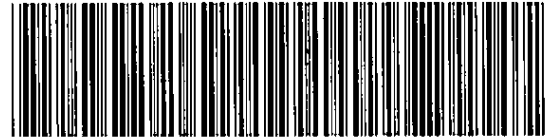
(Business Entity Name)

(Document Number)

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FILED  
19 JUN 18 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 19 2019  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2019

PATRICIA P ADAMO  
POLIWEMA  
1609 TURNESA DRIVE  
TITUSVILLE, FL 32780

SUBJECT: POLIWEMA LIMITED LIABILITY COMPANY  
Ref. Number: L16000087143

We have received your document for POLIWEMA LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ALL PAGES MUST BE MAILED ONLY PAGE 2 RECEIVED

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 819A00003394

*Sorry - I was out of the country  
until this month. P. Adamo*

2019 JUN 18 AM 11:02  
TALLAHASSEE, FL  
RECEIVED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PoliWella 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:

Patricia Adamo  
Name of Person  
PoliWella LLC  
Firm/Company  
1609 TURWESA Drive  
Address  
Titusville, FL 32780  
City/State and Zip Code  
padamo510@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Adamo at (321) 408-0057  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following 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:**  
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**

Poliwema 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 May 3, 2016 and assigned Florida document number L 16 000087143

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	Matthew ADAMO	3537 Pavilion Palms Cir.	<input checked="" type="checkbox"/> Add
		Apt 204	<input type="checkbox"/> Remove
		Riverview, FL 33578	<input type="checkbox"/> Change
AMBR	Wendy Russo	1410 las Verdes Place	<input checked="" type="checkbox"/> Add
		Titusville, FL 32780	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

PATRICIA ADAMO  
Typed or printed name of signee