

L16000110892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

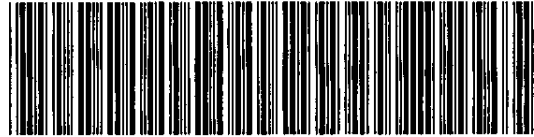
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/21/16

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: POLO SOLUTIONS AMERICA 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:

HENRY RUIZ

Name of Person

H & L TAX AND ACCOUNTING

Firm/Company

14331 SW 120 STREET SUITE 105

Address

MIAMI FLORIDA 33186

City/State and Zip Code

HENRYRUIZ@LIVE.COM

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

For further information concerning this matter, please call:

HENRY RUIZ

305

7524230

at ( )

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

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

POLO SOLUTIONS AMERICA 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 06/08/2016 and assigned  
Florida document number L16000110892

This amendment is submitted to amend the following:

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

N/A

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:**

8576 NW 93 STREET

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FLORIDA 33186

**Enter new mailing address, if applicable:**

N/A

**(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  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

Zip Code

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TALLAHASSEE, FLORIDA

**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**

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>AP</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	DAVID ZARETSKY	CARRERA 50B #64A-56	<input type="checkbox"/> Add
		BOGOTA CU 111221 CO	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	DIANA I. POLO	CARRERA 50B #64A-56	<input type="checkbox"/> Add
		BOGOTA CU 111221 CO	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDRES ZAPATA	10527 SW 147 COURT	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ELVIA SEPULVEDA CASTRO	10527 SW 147 COURT	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33196	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SANTIAGO FELIPE ZAPATA	10527 SW 147 COURT	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANA LUCIA ZAPATA	10527 SW 147 COURT	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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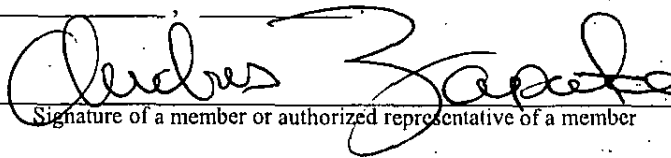
E. Effective date, if other than the date of filing: 09/14/2016 (optional)

(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 SEPTEMBER 14 2016

  
Signature of a member or authorized representative of a member

ANDRES ZAPATA

Typed or printed name of signee