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S. WARREN JAN 17 2018

COVER LETTER

TO: Registration Sec Division of Corp			
Shoestring			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspon	ndence concerning this matter	to the following:	
	Susan Jewell		
		Name of Person	
	Wedge Associates LLC		
		Firm/Company	
	12180 South Shore Blvd.,	Suite 101A	·
		Address	
	Wellington, FL. 33414		
Ü	Unimeewaters05@aol.com	City/State and Zip Code	www. wellington (2) 1.1101.60
			otification)
For further information co	oncerning this matter, please co	all:	
Susan Jewell		561 227-1555	
Name of	Person	at () Area Code Dayte	ime Telephone Number
Enclosed is a check for th	e 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**

Shoestring Polo LLC				
(Name of the Limi	ited Liability Compa (A Florida Limited	any as it now appears of Liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number		were filed on	5.2017	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name (of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the desig	nation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		556 Cindy Circle I. Wellington, FL. 33		
3. If amending the registered agent and	Var registered a	office address on o	ir records ent	er the name of the
registered agent and/or the new registered of			or records, <u>em</u>	er the name of the
Name of New Registered Agent:	Aimee M Wate	ers		
New Registered Office Address:	556 Cindy Circ	cle Lane		
		Enter Florida	street address	
	Wellington	<u></u>	, Florida	33414
		City		Zip Code

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 dominant 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>	Address	Type of Action
MGR	William J Wedge, Esq.	12180 South Shore Blvd.	□ Add
		Suite 101A	■ Remove
		Wellington, FL. 33414	
			G
			G Rum
			□ Change
			☐ Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			□ Add =
			ည်း မှ Change 72 2

D. If amending any other information, enter change(s) here: (Attach additional sheets, if n	ecessary.)	
		
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed	207 (3)(b) as the
If the record specifies a delayed effective date, but not an effective time, at 12:0 (b) The 90th day after the record is filed.	1 a.m. on the earlier	of:
1000 - November 20 January 22 3017 January 22 3018		
Clina Millakan	68	
Signature of a member or authorized representative of a member Aimee M Waters	5 F	
Typed or printed name of signee		ר ס
n	3: 12 3: 12	
Page 3 of 3	3-	

Filing Fee: \$25.00