11700)180115

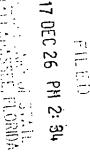
(Re	questor's Name)	
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S. WARREN DEC 2.7 2017

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:		POLLY, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
•				
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		Douglas A. Wood		
			Name of Person	
		Douglas A. Wood, P.A.		
		·	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		700 11th Street South, Suit	te 102	
		·	Address	
		Naples, Florida 34102		
			City/State and Zip Code	
		stephanie@dougwoodlaw.c		
		E-mail address: (to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please co	all:	
Douglas A.	Wood		239 263-7740 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 I	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:

TO:

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

BARCELOPOLLY, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears nated Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Complete Horida document number L17000180115	pany were filed on AUG	GUST 23, 2017 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited	Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. Ifdi the useletound amont und/on medictors	- 4 = 607 - 5 = addware on	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter the name of the in
Name of New Registered Agent:		······································
New Registered Office Address:		
	Enter Florid	la street address
		, Florida
	Ciry	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of a t as provided for in C	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is
		26 280
	Changing Registered Age	ent, Signature of New Registered Agent
"	Changing Registered Age	Signature to the Registree Return

Page 1 of 3

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>	Type of Action
MGR	ALEJANDRO BARCELO	328 Bow Line Bend	= Add
		Naples, Florida 34102	□ Remove
			Change
			Add
			Remove
			Change
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ective date, if other the	an the date of fil	ing:		(optio	nal)	
reffective date is listed, the c te: If the date inserted in	date must be specific a	and cannot be prior to	o date of filing or mor ble standory filing	e than 90 days after f	iling.) Pursuan date will not	it to 605.0 be listed
cument's effective date or						
record specifies a de The 90th day after th			an effective tir	ne, at 12:01 a.	m. on the	earlie
/	(13 1110)					
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		11 /			ì	<u> </u>
			7 - 7 	C		
<u></u>	Signature of	a member or autho	rized representative o	f a member	<u> </u>	מין אכן משחויים

Page 3 of 3

Filing Fee: \$25.00