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11/26/18--01027--012 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Poly Pus Alveo IC 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:
Markiyan Mykhantso
Firm/Company
1237 Se 22 not AVe.
Cape Coral F. 33990 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Markiyan Mykhantsa 773 349 6872. Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secretificate of Status Secretified Copy (additional copy is enclosed) \$30.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. 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

101 11010 /110	
the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Delray for for formal form	
The Articles of Organization for this Limited Liability Company were filed Florida document number $L800334828$	$1 \text{ on } 10-3 \cdot 18$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y," the designation "LLC" or the abbreviation "LLC." 37 Se 22 NO AVE Elray box F. 33991
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addinguistered agent and/or the new registered office address here:	ess on our records, enter the name of the new
Name of New Registered Agent:	
	nter Florida street address
	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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
Member	Markiyan	Mykhantso 1237 Se 2200	<u> </u>
	·	Mykhantso 1237 Se 2200 Ave Cape Coral F.330	Remove
			Change
			Add
			Remove
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			🗖 Add
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reffecti <u>te:</u> If i	e date, if other than the date of filing:	t to 605.020 be listed a
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier (
ed	Markiyan Mykhan 45. Signature of a member or authorized representative of a member	
	Narkiyan Mykhantso	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00