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(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Di	ocument Number)	 -
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Sec Division of Corp			
eup ie	Pollock Tra			
SUBJE	ECT:		ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Scott Pollock		
			Name of Person	
		Pollock Revolution		
			Firm/Company	
		61A RainTree PL		
			Address	
		Palm Coast, FL 32164		
			City/State and Zip Code	
		pollocktransport01@gmail.		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Scott F	Pollock		386 986- 0122	
	Name o	[Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$ 2:	5.00 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. Boy 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 J 131 PH 12: 29

Pollock Transport LLC.		
(Name of the Limited Lis (A Flo	ibility Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit Florida document number L19000240970	y Company were filed on Septem	and assigned
This amendment is submitted to amend the following	ζ :	
A. If amending name, enter the new name of the	limited liability company here:	
Pollock Revolution LLC.		
The new name must be distinguishable and contain the words	Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL		
Trincipal office dances most be 7151 Mart 712		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered office a	•	r records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
Total Registered Office Francess.	Enter Florida s	treet 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 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>	Name	<u>Address</u>	Type of Action
<u>.</u>			□ Add
			□ Remove
		 .	
			□ Remove
			Change
			□ Remove
			Change
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			☐ Remove
			☐ Change
		•	Add
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			☐ Change

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	(mational)
an effe ote:	ve date, if other than the date of filing:
rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
	Jan 24 th. 2020.
ated_	
ated _	S. Sel (I a C C
ated _	Signature of a member or authorized representative of a member