| (Requestor's Name) (Address) | 400352859294 |
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| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL | |
| (Business Entity Name) (Document Number) | 19.405.42001007012 ++25.00 编译 |
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TO: **Registration Section Division of Corporations**

:

POLIOLIO CAROCOP LLC Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| Inna Erlinh | |
|--|--|
| Name of Person | |
| CORDINA Tax Services the | |
| Firm/Company | |
| 3800 5 Ocean dz. ste 216 | |
| Address | |
| Hollywood, FL 33019 | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| E-mail address: (to be used for future annual report notification) | |

For further information concerning this matter, please call:

Inin CiERLinkhat (954)646-2777Name of PersonArea CodeDaytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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 Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | <u>Type of Action</u> |
|--------------|-----------------|---------------------------|-----------------------|
| MGR | ROSENBERG, LYNN | 7167 SAN SEBASTIAN DRIVE. | 🗆 Add |
| | | BOCA RATON, FL 33433 US | Remove |
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D. If amending any other information. enter change(s) here: (Attach additional sheets, if necessary.)

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| tive date, if other than the date of filing: | (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) <u>Note:</u> 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 | \square |
|-------|--|
| | An h |
| - | Signature of a member or authorized representative of a member |
| _ | |

Typed or printed name of signee