

L21000524801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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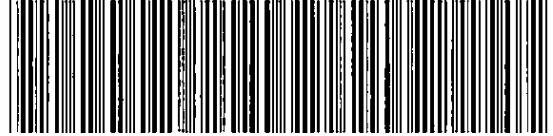
(Business Entity Name)

(Document Number)

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10/22/24
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SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT -4 PM 2:11

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AUBONE POLO MALLATS, LLC

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:

TOMAS AUBONE

Name of Person

AUBONE POLO MALLATS, LLC

Firm/Company

3133 Fortune Way Suite 1

Address

WELLINGTON, FL 33414

City/State and Zip Code

taubone108@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOMAS AUBONE

630

536-7971

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CLERK OF STATE
TALLAHASSEE, FL

2024 OCT -4 PM 2:14

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AUBONE POLO MALLATS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/13/2021 and assigned
Florida document number L21000524801.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

TOMAS AUBONE

New Registered Office Address:

3133 Fortune Way Suite 1

Enter Florida street address

WELLINGTON

Florida 33414

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.

9/24/2021
If Changing Registered Agent, Signature of New Registered Agent

FILED
SEP 24 2021
CLERK OF CIRCUIT COURT
FLORIDA
COUNTY OF HILLSBORO
9/24/2021 PM 1:14

[illegible]

