L21000524801

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COVER LETTER

TO:

TO: Registration : Division of Co			
	E POLO MALLATS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	TOMAS AUBONE		
		Name of Person	
	AUBONE POLO MALLA	TS, LLC	
		Firm/Company	
	3133 Fortune Way Suite 1		
	-v-10	Address	
	WELLINGTON, FL 3341	4	
	taubone108@gmail.com	City/State and Zip Code	
	₩.	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
TOMAS AUBONE		630 536-7971	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Adda Registration Division of P.O. Box 61 Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Col The Centre of 3 2415 N. Monro Tallahassee, FI	rporations Fallahassee See Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUBONE POLO MALLATS, LLO			
(<u>Name of the Limi</u>	ted Liability Company as it now app (A Florida Limited Liability Company	ears ол ou <u>r records.</u>) }	
The Articles of Organization for this Limited L. Clorida document number L21000524801		12/13/2021	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of	f the limited liability company	<u>here</u> :	
he new name must be distinguishable and contain the v	vords "Limited Liability Company," th	designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applic	eable:		
Principal office address MUST BE A STREI	ET ADDRESS)		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
. If amending the registered agent and/or gent and/or the new registered office addre		records, <u>enter the nan</u>	ne of the new registo
Name of New Registered Agent:	TOMAS AUBONE		
New Registered Office Address:	3133 Fortune Way Suite 1		
	Enter 1	lorida street address	
	WELLINGTON	, Florida ³³	414
	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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	ALFREDO AUBONE	3133 Fortune Way Suite 1	DAdd
		WELLINGTON, FL 33414	Remove
			Change
MGR	TOMAS AUBONE	3133 Fortune Way Suite 1	≡ Add
		WELLINGTON, FL 33414	Remove
			
			□Remove
			☐ Change
			□Add
			□Removc
			Change
			□Add
			Remove
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<u>ote:</u> If the	ate, if other than date is listed, the date e date inserted in the effective date on the	iis block does no	ot meet the app	licable statutory fi	τ more than 90 days a ding requirements,	optional) after filing.) Pursuant t , this date will not b	to 605.0207 e fisted as
	specifies a dela h day after the			not an effective	e time, at 12:0	1 a.m. on the e	arlier of
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		A.	4				
_		Signature d	a member or au	thorized representat	ive of a member	75. 12.2	+

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