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2022 MAR 28 AM 6:04

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
APR 12 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POLO SERVICE PAINT & CLEANING 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:

LESLIE DIAZ

Name of Person

BEST QUICK TAX RETURNS INC

Firm/Company

320 SOUTH BUMBY AVE . SUITE 10

Address

ORLANDO FL 32803

City/State and Zip Code

BQITR@MSN.COM

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

For further information concerning this matter, please call:

LESLIE DIAZ

Name of Person

at 407 896-7921

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED

POLO SERVICE PAINT & CLEANING LLC

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

2022 MAR 23 AM 6:04

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/03/2022 and assigned Florida document number L22000111887.

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 end with 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)

573 NEUMANN VILLAGE CT

OCOEE, FL 34761

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

573 NEUMANN VILLAGE CT

OCOEE, FL 34761

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:

MELBA POLOCHE

New Registered Office Address:

573 NEUMANN VILLAGE CT

Enter Florida street address

OCOEE

City

Florida 34761

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.

Melba Poloché
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MELBA POLOCHE	573 NEWMAN VILLAGE CT	<input type="checkbox"/> Add
		OCOEE, FL 34761	<input checked="" type="checkbox"/> Remove
AMBR	MELBA POLOCHE	573 NEUMANN VILLAGE CT	<input checked="" type="checkbox"/> Add
		OCOEE, FL 34761	<input type="checkbox"/> Remove
AMBR	EDNA QUIJANO	573 NEWMAN VILLAGE CT	<input type="checkbox"/> Add
		OCOEE, FL 34761	<input checked="" type="checkbox"/> Remove
AMBR	EDNA QUIJANO	573 NEUMANN VILLAGE CT	<input checked="" type="checkbox"/> Add
		OCOEE, FL 34761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 21, 2022

Melba Poloche
Signature of a member or authorized representative of a member

MELBA POLOCHE
Typed or printed name of signee