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SECRETARY OF STATE

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

OUD IDOR	I Industries LLC	• 1	
SUBJECT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Roviton Bazile		
		Name of Person	
	Polk-Cloud Industries LLC	;	
		Firm/Company	
	8739 Conoy Avenue		
	-	Address	<del></del>
	Polk City, FL 33868		
		City/State and Zip Code	<del> </del>
	engineerlibra21@gmail.con	n	
	E-mail address: (	to be used for future annual report not	fication)
For further information of	concerning this matter, please co	all:	
Roviton Bazile		407 401-1218	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of 7 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Polk-Cloud Industries LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our reco ed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 8/8/2022	and assigned
lorida document number L22000349868		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "L	LC" 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 offic	ce address on our records, <u>ent</u>	ter the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	demo
	•	
	City	Florida
	vai.	

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	Roviton Bazile	8739 Conoy Avenue Polk City, FL 33868	■Add
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Signature of a member of authorized representative of a member		ignature of a member of authoriz	со герифенкануе от а тетоег	
		Typed or printed r	name of signee	