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COVER LETTER

TO: Registration Section of Corp			
SUBJECT: Polish	ed Rides É	Ceranic Coatings	LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
·	_	_	
	Mario D	197_ Name of Person	
	Polished Rule	S & Ceramic Coath	~iS
		Firm/Company	
	(0-	ι Ι Λ . Λ	
	6871 West	Wedgewood Ave	
		Address	
	Davis El	32331	
	120101E: FI	3331 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	Polichad Did	0001 (Dans) 1000	
	E-mail address: (esca Grand 1 - Come to be used for future annual report notific	ation)
For further information cor	ncerning this matter, please ca		
	, , , , , , , , , , , , , , , , , , ,		
Mario Diaz	7_	at (786) 362 -	9757
Name of 1	Person	at (<u>786</u>) <u>362 -</u> Area Code <u>Daytime 1</u>	Telephone Number
Enclosed is a check for the	following amount:		
以 \$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:		Street Address:	iam
Registration Se Division of Co		Registration Section Division of Corpo	
P.O. Box 6327	-	The Centre of Tal	
Tallahassee, Fl		2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Polished (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 8/7/2023 and assigned Florida document number L23000372214 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: <u>"O</u> (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: New Registered Office Address: Enter Florida street address

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>	Name	Address	Type of Action
4MBR	Mario Diaz	6871 West Wedgewood Ave	[X/\dd
		Davie, FL 33331	□Remove
			□ Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
			[]Remove
			□Change
			🗀 Add
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		·	□ Change
			🗀 Add
			□Remove
			□ Change
		<u> </u>	🗆 ^dd
		****	□Remove
			□Change

	Change Mario Diaz from registered agent
	to Authorized Member please.
•	
•	
•	
•	
•	
f an ef <u>Note:</u>	ive date, if other than the date of filing:
d is fi	
ated	Mario Diaz Typed or printed name of signee
	Num Pux
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00