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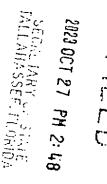
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corpo	orations		
SUBJECT: Poly	nesian Pook	ls and Serv	ices LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Katheri	ne Aumua	<u> </u>
		Name of Person	
	,	Firm/Company	
	3300 Da	itura Rd.	
	. 1	Address	0-
	Venice	FL 3420	13
	info E-mail address. (1	FL 3420 City/State and Zip Code ON YNISYANSE to be used for future annual report not	rvices.com
For further information con	ncerning this matter, please ca		
Katherine	Aumua	305 <u>, 542</u>	
Name of	Person	Area Code Daytin	te Telephone Number
Enclosed is a check for the	fallowing amount:		
\$25.00 Filing Fee		ET the no million in the	□ \$40.00 Pili P
V ≥ \$25.00 PHing Pec	☐ \$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:	
Registration Se Division of Co		Registration Se Division of Co	
	•		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Polynesian Rools and Services 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 Cor	npany were filed on $10/2/2$	3 and assigned
Florida document number <u>L</u> 23000 454 82 Z		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LL	C" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	——————————————————————————————————————
		2023 St.
		A 00
Enter new mailing address, if applicable:		AS A
(Mailing address MAY BE A POST OFFICE BOX)		The second
		2, 3
B. If amending the registered agent and/or registered of	ffice address on our records, enter	r the name of the new egistered
agent and/or the new registered office address here:		
Manager Street Devices and Assessed		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	v.mer v iorida sireet daare	'33
	, F	lorida Zip Code
New Registered Agent's Signature, if changing Registered A	·	Σιρ Code
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agen being filed to merely reflect a change in the registered	uplete performance of my duties, a out as provided for in Chapter 605,	and I am familiar with and , F.S. Or, if this document is
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
AMBR	Elia J Aumua	3300 Datura Rd.	Nad
		Venice FL 34293	□Remove
	,		□ Change
MGR	KatherineJAumua	3300 Datura Rd	√1∧dd
		Venice FL 34293	□Remove
			□ Change
	·		□Add
			🗀 Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			□ ∧dd
			□Remove
			□Change
			□Add
			□Remove
			Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed. Dated OCTOBER 23 . 2023 .							
Effective date, if other than the date of filing:							
Effective date, if other than the date of filing:		<u></u>					
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Effective date, if other than the date of filing:						SSA	27
Effective date, if other than the date of filing:						TT -1	
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		Ayed effective date, but r	ant an effective tim	ie, at 12:01 a.m. or	the earlier of: (b)	The 90th day a	lter the
	Dated OCTOB	ver 23	2023	-· /			
Signature of a member of all parised representative of a president		Latter	uie)	Aunu	Ca member		
Signature of a member or sufforized representative of a member Katherine T Aumua Typed or private name of singles) Signature of	la a servicio a	—— A	9 -		

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Filing Fee: \$25.00