

10/17/24, 4:45 PM

Division of Corporations

**L24000295663**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H240003481433)))



H240003481433:BC5

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To:  
Division of Corporations  
Number : (850)617-6383

From:  
Account Name : WEEXY SOLUTIONS LLC  
Account Number : I20240000023  
Phone : (407)818-3682  
Fax Number : (409)204-6621

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
POLAR SHAKE INTERNATIONAL DRIVE 06 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED  
OCT 18 AM 8:24  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

FILED  
2024 OCT 18 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE FL

M. SOLOMON  
OCT 18 2024

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: POLAR SHAKE INTERNATIONAL DRIVE 06 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:

JESSICA DIRINGER

Name of Person

WEEZY ACCOUNTING

Firm/Company

1878 THETFORD CIR

Address

ORLANDO FL 32824

City/State and Zip Code

info@weezyaccounting.com

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

For further information concerning this matter, please call:

JESSICA DIRINGER

407

818 3682

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2024 OCT 18 PM 3:00  
TALLAHASSEE, FL

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POLAR SHAKE INTERNATIONAL DRIVE 06 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 Company were filed on 07/01/2024 and assigned  
Florida document number L24000295663.

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 "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 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: WEEZY SOLUTIONS LLC

New Registered Office Address: 1878 THETFORD CIR,  
*Enter Florida street address*

ORLANDO Florida 32824  
*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.*

JESSICA DIRINGER  
If Changing Registered Agent, Signature of New Registered Agent

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2024 OCT 18 PM 3:00  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF DALLAS

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LOUREIRO INVESTMENTS LLC	6965 PIAZZA GRANDE AVE STE 203ORLANDO,	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BOF TRINITY ENTERPRISES LLC	1878 THETFORD CIRORLANDO, FL 32824	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

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

2024 OCT 18 PM 3:00  
SEC. OF JUSTICE  
TALLAHASSEE, FL

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

(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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated October 17, 2024

*Franco F Scornavacca*

Signature of a member or authorized representative of a member

FRANCO F SCORNAVACCA

Typed or printed name of signee

**Filing Fee: \$25.00**