L9500000408

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COVER LETTER

Division of Co POLO BA SUBJECT:	RN, L.C.						
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing					
	ondence concerning this matter t	_					
	, and the second	, , , , , , , , , , , , , , , , , , ,					
	MICHELLE CAROLI						
		Name of Person					
	POLO BARN, L.C.						
		Firm/Company					
	12773 W FOREST HILL E	BLVD., SUITE 1201					
		Address					
	WELLINGTON, FL 33414	i.					
		City/State and Zip Code					
	JOANNE@WELLINGTON	CPA.NET					
	E-mail address: (to	o be used for future annual report notifi	cation)				
For further information of	concerning this matter, please ca	II:					
JOANNE FARRAR CP	A	561 790-2092					
Name of Person at (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 ADDRESS:

TO:

Registration Section

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

Polo Barn, L.C.

(Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on May 26, 1995 and assigned Florida document number L95000000408 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: 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>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	RICHARD HARTNETT	204 DODGE ROAD	□ Add
		ROWLEY MA 01969	□ Remove
			Change
MGRM	MICHELLE CAROLI	4885 ROUTE 344	Add
		ST-PLACIDE, QUEBEC CA	□ Remove
		J0V 2B0	■ Change
			☐ Add
			Remove
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	Signature of a member of	r authorized represen	tative of a member	,	

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Filing Fee: \$25.00