# L13000004055

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SECRETARY OF STATE TALLAHASSEE, FLORIDA 2013 AUG 15 PM 1::

AUG 1 6 2013 J. BRYAN

### **COVER LETTER**

TO:

Registration Section Division of Corporations

SURIFCT.

# PLENA SOLUTIONS 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:

# ROBERTO E MACHO

Name of Person

### MACHO & ASOCIADOS CONSULTING CORP

Firm/Company

# 1110 BRICKELL AVE STE 800

Address

**MIAMI FL 33131** 

City/State and Zip Code

## RMACHO@UHY-MACHO.COM

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

For further information concerning this matter, please call:

# ROBERTO E MACHO

<sub>\_\_</sub>305\503-2700

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### PLENA SOLUTIONS 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 Liabil	lity Company were filed on 01/08/2013	and assigned
Florida document number L1300004055		
Tiorida document number	·	
This amendment is submitted to amend the following	ng:	THE LEV
A. If amending name, enter the new name of the	e limited liability company here:	型ごて
N/A	<del></del>	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	A Land
(Principal office address MUST BE A STREET A	ADDRESS)	,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	a street address
_		Florida
_	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARTIN DELLOCA	1110 BRICKELL AVE STE 800	Add
		MIAMI FL 33131	Remove
MGR	ARIEL ARROCHA	1110 BRICKELL AVE STE 800	Add
		MIAMI FL 33131	_ Remove
			Add
		·	Remove
		SE CRE LA	Ad T
		SE FLO	Remove 32
			Add
			Remove
			Add
			Remove

N/A	
August 13	. 120/3.
August 13	. <u>12013</u> .
August 13 Signature o	20/3.  ya member or authorized representative of a member

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Filing Fee: \$25.00

TALLAHASSEE, FLORIDA