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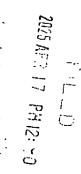
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# **COVER LETTER**

TO:	Registration S Division of Co			
SUBJEC		LE UNPLUGGED LLC		
SUBJEC		Name of Lin	nited Liability Company	
The encl	osed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Israel Perez-Miranda		
			Name of Person	···
		PINEAPPLE UNPLUGGE	ED LLC	
			Firm/Company	
		9220 NW 13th PL		
		<del> </del>	Address	
		Gainesville, Fl. 32606		
			City/State and Zip Code	
		Israel.perez0585@gmait.co		
		E-mail address: (	to be used for future annual report not	ification)
For furth	er information	concerning this matter, please c	all:	
Israel Pe	rez-Miranda		706 834-9113 at ()	
	Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for t	the following amount:		
<b>■ \$25</b> .	00 Filing Fee	S30.00 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 Addre		Street Address:	
	Registration Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of I	•
	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fli e D

PINEAPPLE UNPLUGGED LLC

2025 AFT. 17 AM 11: 59

(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  $\frac{01/(2/2022)}{2}$ and assigned Florida document number L22000027816 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: P&P TechWorks LLC 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: (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 City

#### 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	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
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		P /	☐ Change
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			☐ Change

# Page 2 of 3

E. 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 m	
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Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605,0207 (3) g requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective t ) The 90th day after the record is filed.	ime, at 12:01 a.m. on the earlier of:
Dated 2025	
Signature of a member or authorized representative	of a member
Israel Perez-Miranda	

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