

U6000189871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

6209

Office Use Only



900291761629

900291761629
10/31/16--01043--005 **25.00

NOV 21 2016
S. YOUNG

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 OCT 31 PM 12:32



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2016

ARIANNE AGUIAR
OGC ASSOCIATES PA
3275 HILLSBORO BLVD -306
DEERFIELD BEACH, FL 33442

SUBJECT: PLURALL OFFICES LLC
Ref. Number: L16000189871

We have received your document for PLURALL OFFICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 616A00023435

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 31 PM 12:32

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Plurall Offices 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:

Arianne Aguiar

Name of Person

OGC Associates PA

Firm/Company

3275 W Hillsboro Blvd - 306

Address

Deerfield Beach, FL 33442

City/State and Zip Code

arianne@ogcfiancial.com

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

For further information concerning this matter, please call:

Arianne Aguiar

at (954) 708-2817

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED
2016 NOV 18 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 OCT 31 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Plurall Offices 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 10/13/2016 and assigned
Florida document number L16000189871.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(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:

OGC Associates PA

New Registered Office Address:

3275 W Hillsboro Blvd - 306

Enter Florida street address

Deerfield Beach

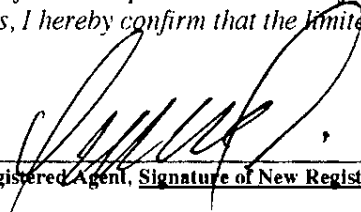
Florida 33442

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.


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>	<u>Type of Action</u>
MGR	Luciano Di Carlo	800 Brickell Ave PH2	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joao Sayao	800 Brickell Ave PH2	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Plurall Group, LLC	800 Brickell Ave PH2	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<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

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 OCT 31 PM 12:33

...um al

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OCT 31 PM 12:32

(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)

Dated October 13th 2016

Signature of a member or authorized representative of a member

Joao Sayao - MGR

Typed or printed name of signee