

LO2600007471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

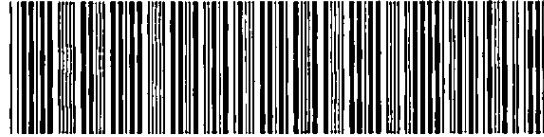
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF OHIO  
TALLmadison, OHIO

2017 AUG 24 PM 2:25  
TALLmadison, OHIO

D. SCOTT  
AUG 25 2017

**SUNSHINE CORPORATE FILING OF FLORIDA INC.**

*3458 Lakeshore Drive  
Tallahassee, Florida 32312  
(850) 656-4724*

DATE 8-8-17  
**\*\*WALK IN\*\***

ENTITY NAME PL, L.L.C.

DOCUMENT NUMBER (Bob @ UCS)

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

\_\_\_\_\_

Plain Copy

XX

Certified Copy

\_\_\_\_\_

Certificate of Status

\_\_\_\_\_

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_

Certified Copy of Arts & Amendments

\_\_\_\_\_

Certificate of Good Standing

\_\_\_\_\_

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL \$ OWED 55.00

CHECK # 3998

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17 AUG 24 AM 9:03  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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

PL, L.L.C.

(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 March 28, 2002 and assigned  
Florida document number L02000007471.

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:

5350 N.W. 35th Avenue

(Principal office address MUST BE A STREET ADDRESS)

Ft. Lauderdale, FL 33309

Enter new mailing address, if applicable:

5350 N.W. 35th Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Ft. Lauderdale, FL 33309

**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:

Robert Tardell

New Registered Office Address:

5350 N.W. 35th Avenue

*Enter Florida street address*

Ft. Lauderdale

Florida 33309

*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.*

/s/ Robert Tardell

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>
MGRM	T.R.S., Inc.	5350 N.W. 35th Avenue	<input type="checkbox"/> Add
		Ft. Lauderdale, FL 33309	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	S.J.R., Inc.	5350 N.W. 35th Avenue	<input type="checkbox"/> Add
		Ft. Lauderdale, FL 33309	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 August 24, 2017

/s/ Robert Tardell

Signature of a member or authorized representative of a member

Robert Tardell, President

Typed or printed name of signee

FILED  
AUG 24 AM 9 03  
17  
ST. LOUIS, MO.  
U.S. DEPT. OF JUSTICE