L0400053318

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COVER LETTER

TO: Registration Sec Division of Corp	tion orations
SUBJECT:	PLAN-IT, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	amendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	CHARLES CURTS WAFD Name of Person
	PLAN-IT, LLC Firm/Company
	4642 BROOK DRNE Address
	WEST PALM BEACH, FL. 33417 City/State and Zip Code Planifica MSN. com E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
CHARUS Name of	WARD at (561) 644-3546 Person Area Code & Daytime Telephone Number
Enclosed is a check for the	e following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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**

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ords.)	

Zip Code

DIAKI-ITIIC

(Name of the Limited Liability Company (A Florida Limited Liability Company)	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L040005318</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
PLAN-IT INTERNATIONAL, The new name must be distinguishable and end with the words "Limite" L.L.C."	LLC d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A
(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 here:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	771 · 1

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.

City

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title <u>Name</u> Address Type of Action ☐ Add Remove ☐ Add Remove ☐ Add ∏ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 13 APRIL , 2010. -Dated Signature of a member or authorized representative of a member CHARLES CUETS WARD
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00