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JAN - 5.2011

**EXAMINER** 

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01/03/12--01009--015 \*\*55.00

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Plan-it US UC (name amendment)  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:		
Laura J. Dedenbach Name of Person		
Dedenbach Planning Associates		
2820 NW 10th Place Address		
Gaines Ville FT 32605  City/state and Zip Code  Lidedenbach @ amail. Com  Expail address: (to be used for future annual report notification)	2012 JAN -3 SECKETARY	
For further information concerning this matter, please call:	1,1-4	IT
Laura J. Dedenbach at (352) 339-6325  Name of Person at (352) Area Code & Daytime Telephone Number	PM 4: 97 OF STATE E FLOSTINA	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified C	of Status &	)

**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**

Plan-it US	LLC	
( <u>Name of the Limited Liability</u> (A Florida I	y Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	Company were filed on 03 02	2/2005 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Dedenbach Planning The new name must be distinguishable and end with the wor "L.L.C."		ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDI	RESS)	
		2012 ALL
Enter new mailing address, if applicable:	NA	AHAXS
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		cords, enter the name of the new
Name of New Registered Agent: NA		
New Registered Office Address:		
	Enter Fle	orida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	d 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 Changing Registered Agent, Signature of New Registered Agent

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

	<u>Name</u>	Address	Type of Act
			Add
	•		Remove
-			Add Remove
_			Add
			Remove
			Add
_			Remove
_			Add
			N-3
			Remove (
			Street 100
mendi	ng any other information, enter chan	ige(s) here: (Attach additional sheets, if necessa	ıry.)
		nge(s) here: (Attach additional sheets, if necessa	ırÿ.)
mendi NA			
			nry.)
<u>NA</u>			
<u>NA</u>			
<u>NA</u>	ember 29, 2 Vaura II		

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Filing Fee: \$25.00