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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Planit Brides, 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:	
Nyan Zapatka (Name of Person)	
Plant Brides (Firm/Company)	
6/1 S Fecleral Hwy Stek	
Sturt FC 34994 (City/State and Zip Code)	- 2
For further information concerning this matter, please call:	2000 DEC 17
(Name of Person) at (772 283-6807 (Area Code & Daytime Telephone Number)	7 AM II: 37
Enclosed is a check for the following amount:	10 mg
(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

Phrit Brides 140		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LO500057492</u>	were filed on May 31	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	-Same	7300 TAL
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:	Same	SSEE, FLO
(Mailing address MAY BE A POST OFFICE BOX)		31: 31 S
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		rds, enter the name of the new
New Registered Office Address:		
	(Enter Flor	ida street address)
	<u> </u>	, Florida
	(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 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 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 = Man MGRM = M	ager anaging Member	•			
<u>Title</u>	Name	Address	Type of Action		
M6RM	Andrea Zapatka Andrea Zapatka	611 S Federal Hay #K. Stuart Ec 34994	Add Remove		
			Add Remove 		
			Add Remove		
		ALCA HE ASSE	Remove		
			Add Remove		
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_		
_					
Dated	12/11/08 December 11. 200	s8	_		
	Signature of a member of	or authorized representative of a member			
	Typed	Oa + ka or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00