

LD90000043453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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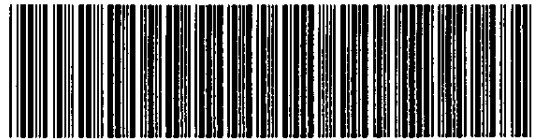
(Business Entity Name)

(Document Number)

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11 MAY 26 PM 3:45  
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TALLAHASSEE, FLORIDA

D. BRUCE  
MAY 27 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Plum Enterprises 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:

Thomas Gurley  
Name of Person  
Plum Enterprises LLC  
Firm/Company  
119 Mustangway Unit 2  
Address  
Merritt Island 32953  
City/State and Zip Code  
mplum@cfl.rr.com  
E-mail address: (to be used for future annual report notification)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

11 MAY 26 PM 3:45

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For further information concerning this matter, please call:

Marianna Plum at (321) 634-9896  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee  
☒ \$30.00 Filing Fee & Certificate of Status  
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$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

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

Plum Enterprises 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 5-11-2009 and assigned Florida document number LO9000042453

This amendment is submitted to amend the following:

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

PLUM ENTERPRISES LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

119 Mustangway Unit 2  
Merri # Island, FL  
32953

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

-same as above-

**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:

THOMAS M. GURLEY

New Registered Office Address:

119 MUSTANG WAY UNIT 2

Enter Florida street address

MERRITT ISLAND, Florida 32953

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 Changing Registered Agent, Signature of New Registered Agent**

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

| <u>Title</u> | <u>Name</u>     | <u>Address</u>   | <u>Type of Action</u>  |
|--------------|-----------------|--|--|
| MGR          | MARIANNA PLUM   | 925 DERBY LANE<br>ROCKLEDGE, FL.<br>32955              | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | THOMAS M GURLEY | 119 MUSTANG WAY, Unit 2<br>MERRITT ISLAND, FL<br>32953 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 5-20-2011, \_\_\_\_\_.



Signature of a member or authorized representative of a member

MARIANNA PLUM

Typed or printed name of signee

FILED  
11 MAY 26 PM 3:45  
ALACHUA COUNTY  
FLORIDA