## L12000023743

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



19/21/20--01007--005 \*\*25.00

12/1/20



## **COVER LETTER**

TO:	Registration Sec Division of Corp					
			Cove Group LLC			
SUBJE	ECT:					
The enc	closed Articles of z	Amendment and fee(s) are sub	mitted for filing.			
Please r	return all correspoi	ndence concerning this matter	to the following:			
			Karim Poonawala			
			Name of Person			
		i	lantation Cove Group LLC			
			Firm/Company	<u> </u>		
		2A				
		<del></del>	Address			
			Orlando, FL, 32819			
			City/State and Zip Code	377-0060  377-0060  Daytime Telephone Number  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		•	ntationcovegroup@gmail.com			
		E-mail address: (	to be used for future annual repo	rt notification)		
For furt	ther information co	oncerning this matter, please c	all:			
	Karim Poo	onawala	407 at ()			
•	Name of	f Person	Area Code 1	Daytime Telephone Number		
Enclose	ed is a check for th	e following amount:				
<b>■</b> \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy		
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	The Centre			
	i airainassee, 1	A) 24 - 21 T		e, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Plantation Cove	Group LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.)	
(A Piorida Limited)	Clabiffy Company)	
The Articles of Organization for this Limited Liability Company	were filed on6/26/20	and assigned
Florida document numberL12000023743		
Florida document numberL12000023743  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liabi  Enter new principal offices address, if applicable:		2020 0
A. If amending name, enter the new name of the limited liab	ility company here:	27
		2 [
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "LLC."
Enter new principal offices address, if applicable:	7345 W. Sand Lake Rd. Ste. 412A	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL. 32819	24
Enter new mailing address, if applicable:	7345 W. Sand Lake Rd. Stc. 412A	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL. 32819	
B. If amending the registered agent and/or registered office	address on our records, <u>enter the nan</u>	ne of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

nager thorized Member		
<u>Name</u>	Address	Type of Action
		🗆 Add
		□Remove
		Lighange
		9CT # 1
	•	Denange FILED  AND PHOVE  Change
		Remove
		□Add
		Remove
		□Change
		□Add
		□Remove
		□Change
		□Add
		□Remove
		□Change
		□Add
		□Remove
		☐ Change
	thorized Member	thorized Member  Name Address

	any other information, er		<u>.</u>			
		<del></del> -				NA C
						<u> </u>
<del></del>						
			<u> </u>			一、主
						2020 OCT 21 PH 1: C
		<u> </u>		<del>_</del>		
·			<u>.</u>			
<del></del> _						
						<u> </u>
			<u></u>			
<del></del>		, <u> </u>	<u> </u>			
				<u></u>		<del></del>
Note: If the	te, if other than the date of date is listed, the date must be spe date inserted in this block do effective date on the Departm	es not meet the ap	piicanie statutory	or more than 90 day filing requirement	optional) s after filing.) Purs s, this date will	mant to 605.020 not be listed as
record spec d is filed.	ifies a delayed effective date,	but not an effectiv	re time, at 12:01 :	a.m. on the earlier	of: (b) The 900	h day after the
Dated	October 19th.	2020	·			
		No.	·			
_	Signati	ire of a momber or	uthorized represen	tative of a member		<del></del>

Filing Fee: \$25.00