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COVER LETTER

POSH PERKS PLANNER LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return aff correspondence concerning this matter to the following: LAURIE CHANNELL Name of Person Firm/Company 12001 BELCHER RD S, K-175 Address LARGO, FL 33773 City/State and Zip Code For further information concerning this matter, please call: Name of Person at (TO: Registration Sec Division of Corp	ction porations				
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LAURIE CHANNELL Name of Person Firm/Company 12001 BELCHER RD S, K-175 Address LARGO, FL 33773 City/State and Zip Code For further information concerning this matter, please call: Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\ill \text{\$25.5.00 Filing Fee} \text{\$30.00 Filing Fee} \text{\$25.5.00 Filing Fee} \$25.5.00	POSH PE	ERKS PLANNER LLC				
LAURIE CHANNELL Name of Person	SUBJECT:	Name of Lin	nited Liability Company	-		
LAURIE CHANNELL Name of Person						
Enclosed is a check for the following amount: LAURIE CHANNELL Name of Person Firm/Company 12001 BELCHER RD S, K-175 Address LARGO, FL 33773 City/State and Zip Code For further information concerning this matter, please call: Name of Person at (The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Firm/Company 12001 BELCHER RD S, K-175 Address LARGO, FL 33773 City/State and Zip Code SET B	Please return all correspon	ndence concerning this matter	to the following:			
Firm/Company 12001 BELCHER RD S, K-175 Address LARGO, FL 33773 City/State and Zip Code Firm E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person at () Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate Of Status & Certified Copy (additional copy is enclosed)		LAURIE CHANNEL	L			
Address LARGO, FL 33773 City/State and Zip Code STYCE E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (certified Copy (certified Copy) Certified Copy (certified Copy) Certified Copy (certified Copy)			Name of Person		•	
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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

POSH PERKS PLANNER LLC		_
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company wer	e filed on 07/15/2013	and assigned
Florida document number L13000099655		
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limited liability	company here:	
TIPS AND TASKS PLANNER 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)		
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		ASS ASS
Enter new mailing address, if applicable:		유 교
(Mailing address MAY BE A POST OFFICE BOX)		ာ်လို့ မှာ
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B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, en	ter the name of the new
registered agent and/or the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

	Name	Address	Type of Action
			Add
		<u> </u>	Remove
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tive date, if other than the date of filing: [Tective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the this document is filed by the Florida Department of State) [1/31] [2015] [Signature of a member or authorized representative of a member]				
1/31 X Laurie Changel				
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x Lawie Channell	te this document is	iled by the Florida Department of	State)	
Signature of a member or authorized representative of a member	te this document is	•		
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	this document is 1/31	Laurie Ci	harnell	e of a member

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