

L13000157050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

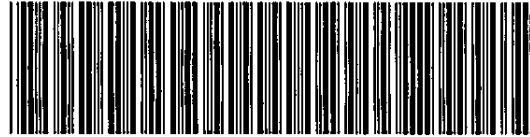
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2013 NOV 14 PM 3:44
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PL CAPITAL 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:

LESLEY LEE

Name of Person

Firm/Company

1122 N.E. 97TH STREET

Address

MIAMI SHORES, FL 33138

City/State and Zip Code

LESLYSLP@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LESLEY LEE

Name of Person

at (**786**) **261-4675**

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

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2013 NOV 14 PM 3:44
TALLAHASSEE, FL 32301

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

PL CAPITAL 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 NOVEMBER 7, 2013 and assigned Florida document number L13000157050.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

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

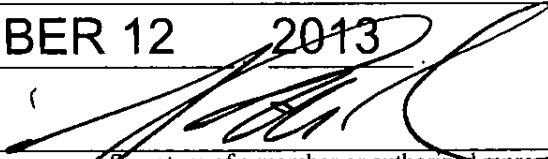
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	LEE, LESLY	1122 N.E. 97TH STREET	<input type="checkbox"/> Add
		MIAMI SHORES, FL 33138	<input checked="" type="checkbox"/> Remove
VP	LEE, PATRICK E	1122 N.E. 97TH STREET	<input type="checkbox"/> Add
		MIAMI SHORES, FL 33138	<input checked="" type="checkbox"/> Remove
MGR	LEE, LESLY	1122 N.E. 97TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI SHORES, FL 33138	<input checked="" type="checkbox"/> Remove
MGR	LEE, PATRICK E	1122 N.E. 97TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI SHORES, FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated **NOVEMBER 12 2013**



Signature of a member or authorized representative of a member

PATRICK E. LEE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA