L14000010107

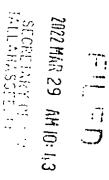
(Requestor's Name)	-
(Address)	-
(Address)	_
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:]
J. HORNE	
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Office Use Only



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2022 MAR 29 PM 1:20

SECRETARY OF STATE TALLAHASSEE, FL

March 12, 2022

FEDERICO ZAPATA 156 NW 89TH ST EL PORTAL, FL 33150 US

SUBJECT: BLUECUBE, LLC Ref. Number: L14000010107

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 022A00005927

COVER LETTER

TO:

	BE, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Federico Zapata, MGR			
		Name of Person		
	Project Land			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	156 NW 89th St.			
Division of Corporations BLUECUBE, 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: Federico Zapata, MGR Name of Person Project Land Firm/Company 156 NW 89th St. Address El Portal, FL 33150 City/State and Zip Code fzapata@projectland.com F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Federico Zapata Substitute and Substitute annual report notification of the substitute annual report notification of Substitute annual	···			
	El Portal, FL 33150			
		City/State and Zip Code	·	
	E-mail address: (to be used for future annual report no	dification)	
For further information of	concerning this matter, please c	all:		
Federico Zapata				
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &	
			ection	
=		_	The state of the s	
i allahassee, l	FL 32314	2415 N. Monro	be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUECUBE, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company) were filed on 01/21/2014 and assigned
The Articles of Organization for this Limited Liability Company	were filed on 01/21/2014 and assigned
Florida document number L14000010107	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
PL OPS, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	156 NW 89th St.
(Principal office address MUST BE A STREET ADDRESS)	El Portal, FL 33150
Enter new mailing address, if applicable:	156 NW 89th St.
(Mailing address MAY BE A POST OFFICE BOX)	El Portal, FL 33150
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registered Enter Florida street address
	F) 11

New Registered Agent's Signature, if changing Registered Agent:

DITIECTION LIC

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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
.	<u> </u>		□Add
			□Remove
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	01/01/2022
fect	ve date, if other than the date of filing: 01/01/2022 (optional)
	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cum	ent's effective date on the Department of State's records.
ecor is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	March 21th 2022
ated	
ated	
ated	fly.
ated	Signature of a member or authorized representative of a member