## L14000175448

| (Requestor's Name)                      |   |
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| (Address)                               | _ |
| (Address)                               | _ |
| (City/State/Zip/Phone #)                | _ |
| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  | _ |
| (Document Number)                       |   |
| Certified Copies Certificates of Status | _ |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA



## **COVER LETTER**

TO: Registration Section November 5, 2015 **Division of Corporations** Laughing Lilies, LLC SUBJECT: 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: James R. Nieset, Esq. Name of Person James R. Nieset, P.A. Firm/Company 6740-D Crosswinds Drive North Address St. Petersburg, FL 33710 City/State and Zip Code hello@traceyllocke.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 345-1999 James R. Nieset, Esq. Daytime Telephone Number-Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Laughing Lilies, LLC   |   |
|--|---|
| (Name of the Limited Liability Company as it n<br>(A Florida Limited Liability C   | ow annears on our records.)<br>Company)                   |
| The Articles of Organization for this Limited Liability Company were file lorida document number L14000175668  | led on November 12, 2014 and assigned                     |
| his amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liability cor   | npany here:   |
| Planet Unplugged, LLC  |   |
| The new name must be distinguishable and contain the words "Limited Liability Comp   | nany," 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)   | 25 28 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5                   |
| ·  |   |
|  | ASS.  |
| B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:  Name of New Registered Agent: | dress on our records, enter the name of the n             |
|  |   |
| New Registered Office Address:   | Enter Florida street address                              |
|  | , Florida   |
| City   |   |

## 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 Changing Registered Agent, Signature of New Registered Agent

| or removed          | f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u><br>or removed from our records: |             |                |  |  |  |  |
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Page 3 of 3

Filing Fee: \$25.00