M5000093407

(Re	questor's Name)	
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(City	y/State/Zip/Phone #)
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☐ PICK-UP	MAIT	MAIL
(2)		
(Bu:	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to I	Filing Officer:	
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RECEIVED

FLORIDA DEPARTMENT OF STATE 221 JUL 26 PM 2: 38 Division of Corporations

July 14, 2021

AUDREY BENASSI 708 N.E. 24TH AVE POMPANO BEACH, FL 33062

SUBJECT: PLUMERIA INVESTMENTS LLC

Ref. Number: L15000083407

We have received your document for PLUMERIA INVESTMENTS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Summer Chatham OPS

Letter Number: 021A00016130

(1)

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COVER LETTER `

TO:

Registration Section

Divisio	on of Corpo	rations			
SUBJECT:	PLU	MERIA IN	JUESTNENTS LLC		
SUBJECT;	· · ·		nited Liability Company		
The enclosed A	rticles of An	nendment and fee(s) are sub	omitted for filing.		
Please return al	l correspond	ence concerning this matter	to the following:		
		V1120C	/ DCNDCS1		
		HODKE	Maine of Person	-	
			Name of Person		
			Firm/Company	-	
		708 NE	24TH AVE		
			Address	_	
		ONAPANO	BEACH , FL 3306	2	
		000000	City/State and Zip Code	-	
			JING GMAIL. COM (to be used for future annual report notification)		
For further info	rmation con	cerning this matter, please c	•	2.5	
AUDRE	y BEI	VASSI		8 >	
	Name of Pe	rson	at (S61) 319-026 Area Code Daytime Telephone Number	8	
		,		211	
Enclosed is a ch	neck for the f	ollowing amount:			
☐ \$25.00 Fili	ng Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &	
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee	<u>.</u>		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite Tallahassee, FL 32303	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLC PLUMERIA INVESTMENTS

The Articles of Organization for this Limited Florida document number <u>LA500</u>				_		
		iy were t	iled on <u>05~</u> [<u> 10V-20</u>	15 and assigned	
i fortua document number = + 5 00	008340					
This amendment is submitted to amend the fo	ollowing:					
A. If amending name, enter the new name	of the limited lia	ibility çç	mpany here:			
The new name must be distinguishable and contain the	e words "Limited Lia	bility Con	pany," the designation	ı "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if appl	licable:					
(Principal office address MUST BE A STRE	EET ADDRESS)					
					- 、	
Enter new mailing address, if applicable:					,~ 	
(Mailing address MAY BE A POST OFFIC	E BOX)					
					2	
B. If amending the registered agent and/or agent and/or the new registered office addi		e addres	s on our records,	enter the nar	ne of the new register	<u>red</u>
M of Nov. Designand Agents	AUD	REY	BENAS	i s		
Name of New Registered Agent:	-		24 TH			
New Registered Office Address:	400	1/10	Enter Florida street			
	POMPAN	O F			33062 Zip Code	
		Cu	<u> </u>	_, riorida _	Zıp Code	
New Registered Agent's Signature, if changing	Registered Agen	<u>t:</u>				
I hereby accept the appointment as registed	red avent and as	ree to a	ct in this capacit). I further as	gree to comply with t	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

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
MGR	EVARIST LLC	805 NORTH ANDREWS	AUE DAdd
		FORT LAUDERDALE	ARemove
		FL, 33311	□ Change
MGR	ARNAUD BAUDOUIN	36 BERRIMA ROAD	K QAdd
		299916 SINGAPORE	☐ □Remove
			DChange
MGR	KATHARINA	36 BERRIMA ROAD	() _ X Add
	BAUDOUIN GOERLITZ	299916 SINGAPORE	□Remove
			□Change 7
			_ □Change]
			N ⊆ □ Remove
			DChange
			DAdd
			CRemove
			Change
			CJAdd
			DRemove
			□Change

		
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E. Effective date, if other than the date of filing: (If an effective 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 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	5.02 67 (3)(h) led as the	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day aftereord is filed.	r the:	
Dated Signature of a member or authorized representative of a member		
KATHARINA BAUDOUIN-GOERLITZ Typed or printed name of signee)	

Filing Fee: \$25.00