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FIRE SECRETARY OF STATE TALL AHASSEE FLORID

WAR 2 4 2016 J. HARRIS

COVER LETTER

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Division of Corpo	orations	•			
PLANINVES SUBJECT:					
SUBJECT.		ted Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.			
Please return all correspond	lence concerning this matter to	o the following:			
	RENAN MESQUITA				
Name of Person					
	LARSON ACCOUNTING	AND CONSULTING SERVICES LI	"C		
		Firm/Company			
	8615 COMMODITY CIR S	TE 06			
		Address	 		
	ORLANDO, FL 32819				
City/State and Zip Code					
	consulting@larsonacc.com				
	E-mail address: (to be used for future annual report notification)				
For further information con	cerning this matter, please cal	N:			
PAULO LOFFREDA		407 520-7149 at ()			
Name of P	erson	Area Code Daytime Te	elephone 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:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

PLANINVESTI LLC (Name of the Lim	ited Liability Compa	any as it now appears on our records.) Liability Company)			
	(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited I	Liability Company	were filed on 07/19/2011		and a	ssigned
Florida document number L15000150372	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
PLANWAY LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbrev	iation "	L.L.C."
Enter new principal offices address, if applicable:		7901 KINGSPOINTE PKWY 29A			
Principal office address MUST BE A STRE	ET ADDRESS)	ORLANDO, FL 32819	TAL	16	
				Háfi	-123 2-43
			15.5 15.5 15.5 15.5 15.5 15.5 15.5 15.5	23	- Madeling
Enter new mailing address, if applicable:		7901 KINGSPOINTE PKWY 29A	<u> </u>	=	
Mailing address MAY BE A POST OFFICE	(BOX)	ORLANDO, FL 32819	<u>-</u> S	ē	O
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			Þ		
B. If amending the registered agent and registered agent and/or the new registered of		· · · · · · · · · · · · · · · · · · ·	<u>iter the</u>	namo	e of the
Name of New Registered Agent:	LARSON ACCOUNTING AND CONSULTING SERVICES LLC				
New Registered Office Address:	7901 KINGSPO	DINTE PKWY STE 19			
		Enter Florida street address			
	ORLANDO	, Florid	a 32819		
		City		Zip Cod	ť

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

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
N/A	N/A	N/A	■ Add
•			Remove
			□ Remove
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			TALLAHASSE LA
			Add.
			□ Change
		<u> </u>	Add
			□ Remove
			Change

4.	ding any other information, enter	change(s) here:	(Anach adame	nai sneeis, ij nec	essary.)	
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Note: If	e date, if other than the date of filing tive date is listed, the date must be specific are the date inserted in this block does not at's effective date on the Department of	niet the applicabl	iate of filing or mo	ire man 90 days ane	r Hiling.) Pursuant 10 60	5.0207 ted as
a rocc	rd specifies a delayed effective Oth day after the record is filed		n effective ti	me, at 12:01	a.m. on the earl	er of
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The 9	ARCH 16th	2016				
The 9	ARCH 16th		\wedge	1 -	16 SEI	
The 9	ARCH 16th		ed representativa	of a member		
The 9	ARCH 16th Signature of a	, 2016 , member or authoriz	ed representative	of a member	MAR 23 CSCTARY L/HJ/SS	Promise Service
The 9	ARCH 16th	member or authoriz	4	of a member	MAR 23 CHCTARY LAHDSSE	
The 9	ARCH 16th Signature of a	, 2016 , member or authoriz	4	LAUK	MAR 23 A CHEJARY O	p war

Filing Fee: \$25.00