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Amend

ALBRITTON

## COVER LETTER

Registration Section Division of Corporations

TO:

(3 E 1 E) 2 E 2 (3/E)	QUISITIONS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	JASON PRIETO		
		Name of Person	
	PLG ACQUISITIONS LL	С	
		Firm/Company	<del></del> -
	917 HERON CIRCLE		
		Address	***************************************
	WINTER HAVEN, FLOR	IDA 33884	
		City/State and Zip Code	<del>-</del>
	JASONSALES365@GMA	IL.COM	
	E-mail address: (	to be used for future annual report not	ification)
For further informatio	n concerning this matter, please c	ali:	
JASON PRIETO		407 341-4600 at ( )	
Nam	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

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

PLG ACQUISITIONS LLC

100/1/20 AM 9.30 (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 Liab	oility Company	were filed on <u>06/28/20</u>	and assigned		
Florida document number L16000123678	·				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited li <u>ab</u>	ility company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applical	ole:	917 HERON CIRCLE			
(Principal office address MUST BE A STREET ADDRES.		WINTE HAVEN, FLORIDA 33884			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		917 HERON CIRCLE WINTER HAVEN, FLORIDA 33884			
B. If amending the registered agent and/or reg agent and/or the new registered office address	here:		s, enter the name of the new regist		
Name of New Registered Agent:	JASON PRIETO				
* New Registered Office Address:	917 HERON C				
		Enter Florida stre			
	WINTER HAV	Zin Zin	, Florida 33884		
		City	zıр Соае		

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	**Address	Type of Action
MGR	JASON PRIETO	917 HERON CIRCLE	□Add
		WINTER HAVEN, FLORIDA 33884	□Remove
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			Change
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Effective dat	e, if other than	the date of fi	05/26/20 iling:			(optional)	
lf an effective da	te is listed, the date ate inserted in thi	must be specific	and cannot be pr	ior to date of filin	ng or more than 9	0 days after filing.)	Pursuant to 605.026 will not be listed a
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e record specif	ies a delayed effe	ctive date, but	not an effective	time, at 12:01	a.m. on the ea	rlier of: (b) The	90th day after th
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