

L160001328SO

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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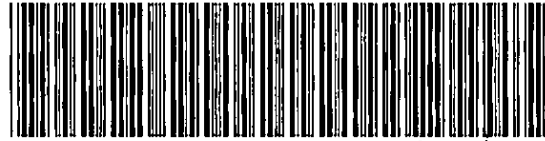
(Business Entity Name)

(Document Number)

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2017 NOV -2 P 1:41
TALLAHASSEE, FLORIDA

D. SCOTT
NOV 3 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PLP Designs, 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:

Rene F. Leoncio

Name of Person

Leoncio & Associates, LLC.

Firm/Company

14331 Commerce Way

Address

Miami Lakes, Florida 33016

City/State and Zip Code

rleoncio@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rene F. Leoncio

305

558-1700

at (_____) _____

Name of Person

Area Code

Daytime Telephone 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:

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

TALLAHASSEE, FLORIDA

2017 NOV -2 P 1:11

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

PLP Designs, LLC.

(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 Liability Company were filed on 07/15/2016 and assigned
Florida document number L16000133850.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

14331 Commerce Way

Enter Florida street address

Miami Lakes

City

Florida

Zip Code

33016

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dolores L. Ortega	14331 Commerce Way	<input type="checkbox"/> Add
		Miami Lakes, Florida 33016	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Patricia M. Cames	3 Skyview Drive	<input type="checkbox"/> Add
		Lincoln, Rhode Island 02865	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Francisco Ortega	14331 Commerce Way	<input type="checkbox"/> Add
		Miami Lakes, Florida 33016	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-14-11 BY 60322 UCBAW

2019-2020
Fall Semester

2019-2020

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(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 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 after the record is filed.

Dated _____, _____.

James L. Ditey
Signature of a member

Signature of a member or authorized representative of a member

Dolores L. Ortega

Typed or printed name of signee