

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : 120160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: CONSULTING@LARSONACC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PLUSA 2 LLC

Certificate of Status	0
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Page Count	06
Estimated Charge	\$25.00

2018 Nov -8 PM 12:24

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

18 NOV -8 AM 2:00

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NOV 9 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PLUSA 2 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:

CAROLINE LARSON

Name of Person

LARSON ACCOUNTING & CONSULTING SERVICES, LLC

Firm/Company

7901 KINGSPONTE PKWY, SUITE 17

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 concerning this matter, please call:

PAULO RUBENS REGINATO LOFFREDA

407

370-3686

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
18 NOV -8 AM 2:00  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

PLUSA 2 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 02/07/2017 and assigned  
Florida document number L17000030913.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

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

DocuSign Envelope ID: 907E008D-8A92-4C2C-81C8-0106F8F99CD3

If attaching 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>
MGR	PAULO RUBENS REGINATO LOFFREDA	8865 COMMODITY CIRCLE	<input type="checkbox"/> Add
		SUITE 5, UNIT 202	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change
AMBR	PL2R LLC	7901 KINGSPONTE PKWY	<input type="checkbox"/> Add
		#25 SUITE 1	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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STATE OF FLORIDA  
CLERK OF THE COURT

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 OCTOBER 10th, 2018

*Paulo Loffreda*

Signature of a member or authorized representative of a member

PAULO RUBENS REGINATO LOFFREDA

Typed or printed name of signee