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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

	egistration Sec ivision of Corp		٠	
eron tezer	MONEY PL	ANT LLC		
SUBJECT	:	Name of Limit	ted Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please retu	rn all correspor	ndence concerning this matter to	o the following:	
		SHARATH CHIGURUPA	ТІ	
			Name of Person	
		MONEY PLANT LLC		
			Firm/Company	
		2550 CITRUS TOWER BL	LVD APT# 3204	
			Address	
		CLERMONT, FL 34711		
			City/State and Zip Code	
		moneyplantflorida@gmail.co		
		E-mail address: (to	o be used for future annual repo	n notification)
For further	information co	oncerning this matter, please cal	ll:	
SHARATI	H CHIGURUP.	ATI	334 782 01	28
	Name of	Person	Area Code D	aytime Telephone Number
Enclosed is	s a check for the	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

MONEY PLANT LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>04/03/2017</u>	and assigned
lorida document number L17000074486		
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	sility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		SECK DIVISION 18 SE
Principal office address MUST BE A STREET ADDRESS)		SE SEC
	*	
		7 05 AH AH
Inter new mailing address, if applicable:		3 0, 0
Muiling address MAY BE A POST OFFICE BOX)		: 2 11:00
		<u> </u>
 If amending the registered agent and/or registered o egistered agent and/or the new registered office address her 		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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

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
AMBER	SURYA TEJA CHIGURUPATI	2550 CITRUS TOWER BLVD APT# 3204, CLERMONT, FL	= Add
			□ Remove
			Change
AMBER	RAMESH GUŁLAPALLY	15 EVERGREEN ROAD SOMERSET NJ 08873	
			□ Remove
			Change
			
			□ Remove
			Add
			☐ Remove
			□ Change
			Remove
			Change
			☐ Remove
			Change

			
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	09/01/2018		
E. Eff	ective date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) I	Pursuant t	o 605.020
<u>No</u>	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w		
goo	ument's effective date on the Department of State's records.		
			1.
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o he 90th day after the record is filed.	n the e	arner (
ν-,			
	ed 2018		
Da:			
Da	11 mt		
Da [.]	Signature of a member or authorized representative of a member		_

Page 3 of 3

Filing Fee: \$25.00