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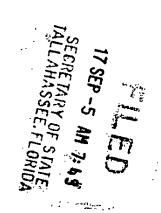
(Requestor's Name)					
(Address)					
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(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:	Registration Se Division of Cor	ection porations	% ₹					
CUDII	ECT:	PLENUS LLC						
2000	ECT:	Name of Lim	ited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
			IBRAHIM RAMIREZ					
			Name of Person					
	Firm/Company							
	9606 BARNSIDE PL							
	Address							
	TAMPA, FL 33635							
	City/State and Zip Code PLENUSPARTNER@GMAIL.COM							
		•	to be used for future annual report notif	ication)				
For fu	ther information e	oncerning this matter, please ca	all:					
IBRAHIM RAMIREZ			813 334-0757					
_	Name of Person		Area Code Daytime	e Telephone Number				
Enclos	sed is a check for t	ne following amount:						
a \$2	5.00 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

PLENU!	SLLC
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number $\frac{1.17000158471}{1.17000158471}$ This amendment is submitted to amend the following	iability Company were filed on JULY 25, 2017 and assigned
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/registered agent and/or the new registered of	or registered office address on our records, enter the name of the new
Name of New Registered Agent:	CHOICE BUSINESS SERVICES INC
New Registered Office Address:	7028 W WATERS AVE #241 Enter Florida street address
	TAMPA , Florida City City
New Registered Agent's Signature, if changing I	Registered Agent:
provisions of all statutes relative to the propaccept the obligations of my position as regi	ed agent and agree to act in this capacity. I further agree to comply with the er and complete performance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability change.

Page 1 of 3

If Changing Registered Agent, Mignature 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
AMBR	IBRAHIM RAMIREZ	9606 BARNSIDE PL	■ Add
		TAMPA FL 33635	□ Remove
			Change
			Add
			☐ Remove
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			00/01/2017					
E. Effec	tive date, if other than the	date of filing	:		(optional)		- 0202 (2)(4
(If an ei Note:	Tective date is listed, the date must lf the date inserted in this bl	t be specific and ock does not m	cannot be prior (eet the applica	to date of filing of able statutory f	or more than 90 days iling requirements	after filmg.) Pur , this date will	suant to 603 not be list	5,0207 (3)(6 ed as the
docur	nent's effective date on the D	epartment of St	ate's records.	•	,			
If the re	cord specifies a delayed	l effective da	ate, but not	t an effectiv	e time, at 12:0	01 a.m. on t	he earli	er of:
(b) The	90th day after the rec	ord is filed.						
Dated	Sept. 1		2017	<u> </u>				
	•	1						
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		Sign@afe of a m	iember or autho	rized representa	tive of a member			
		IBRAHIM	RAMIREZ					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00