L17000165608

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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Planet Am Name of Limi	12 LLC ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Danie	1 E. Moro Name of Person	
	Plan	et AMZ LLC Firm/Company	
		HILL AVE Address	
	Orla	ndo, FZ. 3280 City/State and Zip Code Treedomincag o be used for future annual report noun.	
-	E-mail address: (t	ettreedomincal quot o be used for future annual report notific	eation)
For further information conc	erning this matter, please ca	ıll:	
Daniel Name of Pe	Moro	at (407) 758 Area Code Daytime	7 6438 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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**

(Name of the Limited Liability (A Florida L	Company as it now appears on our rimited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Conficing document number 417000165608	npany were filed on $8/3$	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	\mathcal{N}/\mathcal{A}	
(Principal office address MUST BE A STREET ADDRE	SS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	~/A	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	red office address on our rec ss here:	cords, enter the name of the ne
Name of New Registered Agent:	NIA	Sizai: LORIDA
New Registered Office Address:	Enter Florida street o	address
	2.75. 1.57.44 37.667	, Florida
	City	, Florida Zip Code
New Registered Agent's Signature if changing Registered A	•	•

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Duniel E. Moro	116 HILLAVE ORL 3280	O/ (M Add
			Remove
			Change
MGR	DOUGLAS W ARMSTROW	6, JR 116 HILL AVE ORL 3280	<i>o</i> /□ Add
			Remove
			Change
			🖸 Add
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			Remove SSR
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			Remove
			Change

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	ASS
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 the Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	an 90 days after filing.) Pursuant to 605.0207 (
ne record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	, at 12:01 a.m. on the earlier of:
Dated 8/8/2017, 2017. Signature of a member or authorized representative of a new parts.	

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Filing Fee: \$25.00