17000/67/5

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special lectrostics to Filip Office
Special Instructions to Filing Officer:

Office Use Only



600302491756

08/15/17--01020--010 **25.00

COVER LETTER

	gistration Sec ision of Corp			
enn teær.	Plugstation			
SUBJECT:			ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Thamar W Theodore		
			Name of Person	
			Firm/Company	
		1370 NE 119th Street #12		
			Address	
		Miami, Fl 33161		
		ttheodore24@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please c	all:	
Thamar W	Theodore		360 878-3398	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
≭ \$25.00 F	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

Plugstation LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records ted Liability Company)	<u>.</u>		
The Articles of Organization for this Limited Liability Compa	any were filed on 08/07/2017	and assigned		
Florida document number L17000167150				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:			
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>			
		17 SEI		
		FARE ≥ _		
Enter new mailing address, if applicable:		**************************************		
(Mailing address MAY BE A POST OFFICE BOX)	m · s			
		7 <u>7 2 3 0</u>		
		RP F		
B. If amending the registered agent and/or registered	d office address on our records.			
registered agent and/or the new registered office address	<u>here</u> :			
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
	, Flo	rida		
	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
MGR	Thamar W Theodore	1370 NE 119th Street #12	∭ Add
		Miami, FL 33161	□ P
		-	Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
		- 	□ Remove
			Change
			
			Remove
			Change
			□ Add
			Remove
			☐ Change

<u></u>		<u> </u>							
-						·	· •• ==•		
-									
					-				
	<u> </u>						SE	17	
				_	·			AUG	_
							ETARY HASSE	<u>ज</u>	=
							.m.ç		LEI
							FLOR FLOR	₹	O
-							OA TO	<u>~</u>	
				_					
				_					
Effective da	te, if other than the late is listed, the date mu	date of filin	g:	or to date of filin	g or more than 9	(optional)	t l) ng.) Pursuant	to 605.0	0207 (3
Note: If the	date inserted in this b ffective date on the D	lock does not i	meet the appli	cable statutory					
document \$ ¢	frective date on the E	epartment or .	state s record.	a.					
	pecifies a delaye day after the red			ot an effect	ive time, at	: 12:01 a.n	n. on the	earlier	r of:
Dated Augus	st 11		2017						
Dated ~			·	 ·					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00