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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Coccution of Cocporation Number Filing 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:	
Ralph Benjamin.	
)	
The Land of Plenty	
Firm/Company	
4323 11.W 76 AVE.	
Address	
Coral Springs Fl. 33065 City/State and Zip Code	
For the state of t	
For further information concerning this matter, please call:	
Ruth Benjamin at (954) 729-58/0 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \} \Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \} \Bigcup \{ \text{Certified Copy (additional copy is enclosed)} \} \} \} \Ext{Certified Copy (additional copy is enclosed)} \} \} \} \} \Ext{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

The Land of Plenty	1	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 17000 233 576</u>	mpany were filed on Nov-14-17	and assigned •
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
11/A		<u></u>
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1/1×	-
(Principal office address MUST BE A STREET ADDRE	<u></u>	18 V
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIR	FILEU STATE AHASSEE FLORIDA JAN 26 PM 7: 12
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, <u>e</u> ess here:	nter the name of the new
Name of New Registered Agent:	<u>N</u>	
New Registered Office Address:	Enter Florida street address	
	, Florid	laZip Code
	City	Alp 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

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effective date e: If the date	f other than the date s listed, the date must be sp inserted in this block do	ecific and cannot be prior oes not meet the applic	able statutory filing	re than 90 days afte	i onal) r filing.) Pursuant to 605 is date will not be liste
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Filing Fee: \$25.00