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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
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| Ploutos LL SUBJECT: | | | |
| SUBJECT: | Name of Limi | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Irina Poliskiy | | |
| | | Name of Person | |
| | Ploutos LLC. | | |
| | | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | 1500 Bay Rd. #446S | | |
| | | Address | |
| | Miami Beach, FL 33139 | | |
| | | City/State and Zip Code | |
| | mreprop@gmail.com | | |
| For further information of | h-mail address: (concerning this matter, please co | to be used for future annual report notif all: | ication) |
| Irina Poliskiy | | 888 734-1279 | |
| Name o | of Person | at () Area Code Daytime | : Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 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

| Ploutos LLC. | | | |
|---|--|---|-------------------------------|
| (<u>Name of the Limit</u> | ed Liability Compa (A Florida Limited I | ny as it now appears on our Liability Company) | records.) |
| he Articles of Organization for this Limited Lorida document number <u>L18000055801</u> | iability Company | were filed on 03/02/201 | 8 and assigned |
| his amendment is submitted to amend the follo | owing: | | |
| . If amending name, enter the new name o | f the limited liab | ility company here: | |
| ne new name must be distinguishable and contain the w | vords "Limited Liabi | lity Company," the designatio | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 1500 Bay Rd. | SECH VISIG |
| | | #446S | <u> </u> |
| | · - | Miami Beach, FL 3313 | · |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 1500 Bay Rd. | M 12: 5 |
| | | #446S | <u> </u> |
| | | Miami Beach, FL 3313 | 39 |
| 3. If amending the registered agent and egistered agent and/or the new registered o | - | | ecords, enter the name of the |
| ivame of New Registered Agent. | 1500 Bay Rd. #446S | | |
| New Registered Office Address: | 1500 Bay Rd. | #4405 Enter Florida stree | a address |
| | Miami Beach | Zon I wind sirtt | Florida ³³¹³⁹ |
| | THE POUCH | | r lorida ** ** |

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 | Fabio Esposito | 1001 N Federal Hwy. Suite 300 | |
| | | Hallandale, FL 33009 | ■ Remove |
| | | | Change |
| MGR _ | Irina Poliskiy | 1500 Bay Rd. #446S | |
| _ | | Miami Beach, FL 33139 | □ Remove |
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| neffective date, it other than the an effective date is listed, the date mus | date of filing: be specific and cannot be prior to date of filing or mor | e than 90 days after filing.) Pursuant to 605.020 |
| ote: If the date inserted in this blocument's effective date on the De | ock does not meet the applicable statutory filing | requirements, this date will not be listed a |
| reament serieure date on the 150 | parametric or records | |
| record specifies a delayed | effective date, but not an effective tin | ne. at 12:01 a.m. on the earlier o |
| The 90th day after the reco | ord is filed. | , , , , , , , , , , , , , , , , , , , |
| | | |
| March 3 ated | 2018 | |
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| | - du/mn/ | F |
| | Signature of a member or authorized representative o | f a member |

D.

Page 3 of 3

Filing Fee: \$25.00