

11900000 7458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

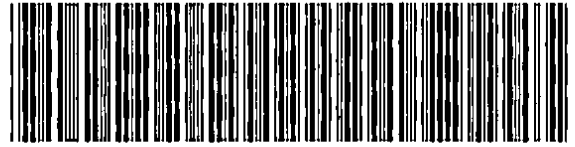
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600330898186

06 JUN 19 10:01 AM '08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 JUN 19 PM 1:08

FILED

JUN - 1 2008  
T. SCHRAMM

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PLP25, LLC  
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:

ELYSA R. MERLIN  
Name of Person  
DOROT & BENSIMON PL  
Firm/Company  
20295 NE 29TH PLACE, SUITE 201  
Address  
AVENTURA, FL 33180  
City/State and Zip Code  
corporate@dorbenco.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELYSA R. MERLIN 305 921-9421  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the 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**

PLP25, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/04/2019 and assigned Florida document number L19000007458.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

648 MINORCA AVENUE

**(Principal office address MUST BE A STREET ADDRESS)**

CORAL GABLES, FL 33134

**Enter new mailing address, if applicable:**

648 MINORCA AVENUE

**(Mailing address MAY BE A POST OFFICE BOX)**

CORAL GABLES, FL 33134

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUN 19 PM 1:00  
FILED

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARISA PENATE	648 MINORCA AVENUE	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA VALLE	5607 RIVIERA DRIVE	<input type="checkbox"/> Add
		CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 19 JUN 19 PM 1:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

D. if amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

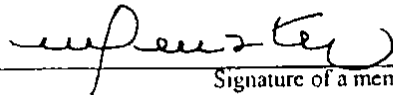
Lined area for amending information.

FILED  
19 JUN 19 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. 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 than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 6/14/2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MARISA PENATE  
\_\_\_\_\_  
Typed or printed name of signer