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R. WHITE FB12 CD

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PLUNKETT COURT 3211 SOUTHWEST LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Christopher Dolce Name of Person
Firm/Company
15928 W Wind Cir
Sunrise FL 33326 City/State and Zip Code
<u>dolce, realestate @ gmail.</u> Com E-mail address: (to be used for future annual report notingation)
For further information concerning this matter, please call:
Christopher Dolce at 954 557 5472 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, \$\Bigcup \$\Bigcu

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

FILED

PLUNKETT COUR	T 3all SOUTH	EUFEDI-1 AHIOC59
(A Florid	Ity Company as it now appears on c a Limited Liability Company)	POWE IN THE
The Articles of Organization for this Limited Liability (Company were filed on	10.12.019 and assigned
Florida document number <u>L1900012</u>		10 Joseph and mongret
		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
2135 PLUNKET	I CT LLC	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	ition "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
registered agent anotor the new registered office and		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	reet address
		6111-
	City	, Florida 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>	Name	Address	Type of Action
			Add
			Remove
			☐ Change
			☐ Remove
			Change
			C Remove
			O Change
			O Add
			C Remove
			Change
			D Add
			Remove
		 	Change
			D Add
			Remove
			☐ Change

- . *.*

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
n effectiv <u>te:</u> If tl	date, if other than the date of filing:
ted	1/20/19
	Christopher Dalce (h115 topher Dalce

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00