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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Fiting Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Co			*
SUBJECT:	PLBO Name of Lim	LLC 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:	
	Her	nry Peck Ames	s III.
		PLBO, LLC Firm/Company	
	19	85 Clinton Dr	1/4
		rietta GA 36 City/State and Zip Code mes@live.com to be used for future annual report notif	
For further information of	E-mail address: (concerning this matter, please ca		ication)
Henr	y Ames (Person	at (<u>770</u>) <u>329</u> - Area Code Daytimo	- 3238 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

PLBO, LL	\sim
(<u>Name of the Limited Liability Company</u> a (A Florida Limited Liab	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 1900091829</u>	re filed on April 1, 2019 and assigned
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 Contains the words "Liability Co	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)	2 019
Enter new mailing address, if applicable:	OC 28
(Mailing address MAY BE A POST OFFICE BOX)	= 5
	- 3 3 2 2 2 2 2 2.
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City Zap Code
Thereby accept the appointment as registered agent and agree t	o and in this appropriate. I foother survey to comply with the
provisions of all statutes relative to the proper and complete per	
accept the obligations of my position as registered agent as prov- being filed to merely reflect a change in the registered office add	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Liza B. Ames	1985 Clinton Drive Marietta, 6A 3006	🗆 Add
		Marietta, 6A 3006	2 □ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			🗆 Remove
			Change
			🗖 Add
			Remove
			Change
			Add
		.	☐ Remove
			Change
			🗆 Add
			🗆 Remove
			Change

	Adding EIN: 83-4469699
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Note: 1	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	October 25 2019
	Signature of a member or authorized representative of a member
	Henry Peck Ames III Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00