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COVER LETTER

	Registration Se Division of Co			
eub wa		RNATIONAL LLC		
SUBJEC	,1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		James Andrews		
			Name of Person	
		Andrews Accountancy LL	С	
			Firm/Company	
		8566 NW 19th Dr		
			Address	
		Coral Springs, FL 33071		
			City/State and Zip Code	
		jand592040@aol.com		
		E-mail address: (to be used for future annual report not	ification)
For furth	er information o	concerning this matter, please ca	all:	
James A	ndrews		305 323 1278	
	Name o	f Person	Area Code Daytin	ne 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 Addres Registration		<u>Street Address:</u> Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632	27	The Centre of	Fallahassee
	Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLA INTERNATIONAL 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 ______ and assigned Florida document number L19000107548 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

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>	Type of Action
AMBR	Zsuzsanna Paradi	8566 NW 19th Dr	
		Coral Springs, Fl 33071	□Remove
			□Change
			□Add
			□Remove
			2020 JAN 24 Add
			Change
			□Add
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ective date, if other than the confective date is listed, the date must extend in this blooment's effective date on the Department's effective date on the Department.	be specific and cannot be prior to cake does not meet the applicable	late of filing or more than 90 da	(optional) ays after filing.) P ats, this date w	tursuant to 605.020 ill not be listed a
rord specifies a delayed effective filed.	date, but not an effective time.	, at 12:01 a.m. on the earlie	r of: (b) The S	90th day after the
d January 13,	2020			
<u> 4 . P</u>	2020 Production ignature of a member or authorized			
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