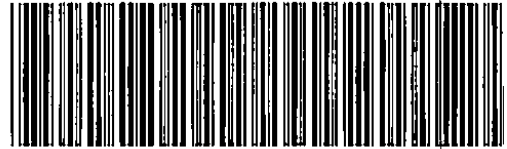


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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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OCT 10 2019

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PLANET INTERIOR DESIGN 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:

DAYANA PEREZ

\_\_\_\_\_  
Name of Person

PLANET INTERIOR DESIGN LLC

\_\_\_\_\_  
Firm/Company

16550 SW 103 PL

\_\_\_\_\_  
Address

MIAMI, FL 33157

\_\_\_\_\_  
City/State and Zip Code

hortasassociates@usa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAYANA PEREZ

786

290-8401

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

TO  
**ARTICLES OF ORGANIZATION**  
OF

PLANET INTERIOR DESIGN LLC

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

2019 OCT -8 PM 6

The Articles of Organization for this Limited Liability Company were filed on 06/08/2019 and  
Florida document number L19000155192.

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 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 Co

**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

or removed from our records:

**MGR = 'Manager'**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	YUNET COLLERA	8030 NW 8 ST	<input type="checkbox"/>
		MIAMI, FL 33126	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
MGR	EMMANUEL SUAREZ MARTINEZ	8030 NW 8 ST	<input checked="" type="checkbox"/>
		MIAMI, FL 33126	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/> F
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.

Dated 01 OCTOBER 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee