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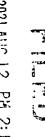
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COVER LETTER

TO: Registration Solution of Co				
PINA APP SUBJECT:	ARTEL LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Veronica Morejon			
		Name of Person		-
	PINA APPAREL LLC		•	~
		Firm/Company		- 22
	3613 w bay to bay blvd.			2021 AUG 12
		Address		
	Tampa, Fl 33629			PH 2:
	veronica@planetvspeople.c	City/State and Zip Code om		2:09
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	fication)	
Veronica Morejon		813 528-2013 at ()		
Name c	f Person	Area Code Daytin	e Telephone Number	<u></u>
Enclosed is a check for the	ne following amount:			
☐ \$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Centified	ite of Status &
<u>Mailing Addres</u> Registration 5		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Cor	porations	
P.O. Box 632 Tallahassee, l		The Centre of T 2415 N. Monro	Tallahassee e Street, Suite 8	310

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINA APPAREL LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	<u>irds.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.19000200517}{1.19000200517}$.	y were filed on August 06, 201	9	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
PLANET VS PEOPLE LLC				
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" or the abl	reviation "L.	C.``
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)			20	
				≖ a
		1 .	(L) 467	
Enter new mailing address, if applicable:			72	_
			TO ,	7
Mailing address MAY BE A POST OFFICE BOX		<u> </u>	<u>∵</u>	٠١
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	er the name	of the new	regist
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addi	ress		
		Florida		
	City		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>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			☐ Change
			□Add
			Remove
			Remove Change PAdd 2
			2. 2. SRemove
			□Change
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fective date, if other than the date of filing an effective date is listed, the date must be specific and	cannot be prior to dat	e of filing or more th	(option on 90 days after f	iling.) Pun	arant to 60	020,3
ote: If the date inserted in this block does not modument's effective date on the Department of St	eet the applicable	statutory filing requ	iirements, this	date will	not be lis	sted as
semient's enective date on the Department of St	ate 3 fections.					
record specifies a delayed effective date, but not a is filed.	an effective time, a	t 12:01 a.m. on the	earlier of: (b)	The 90t	h day afte	er the
July 28	2021					
nted						
Signature of a n	nember or authorized	representative of a r	nember			

Filing Fee: \$25.00