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COVER LETTER

	Registration Se Division of Cor			
SURTEC	PLAKA H	OLDING, LLC		. P
SOBJEC			nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are suf	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		JEFFERY JENNINGS		
			Name of Person	
		PLAKA HOLDINGS, LL	C	
		-	Finn/Company	
		489 RIVERSIDE DRIVE		
		· · · · · · · · · · · · · · · · · · ·	Address	
		TARPON SPRINGS, FL.	34689	
		OCSSINC.COM	City/State and Zip Code	
			to be used for future annual report notificat	ion)
For furthe	r information co	oncerning this matter, please c	all:	
JEFFERY	' JENNINGS		727 422-0199	
<u>.</u>	Name of	f Person	at () Area Code Daytime Te	lephone Number
Enclosed i	s a check for th	e following amount:		
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	lailing Address egistration S		Street Address: Registration Section	n

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLAKA HOLDING, LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	·
The Articles of Organization for this Limited Liabil		and assigned
Florida document number £1900021452		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
PLAKA HOLDINGS, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	<u>.</u>
		072
		THE T
Enter new mailing address, if applicable:		8 -
(Mailing address MAY BE A POST OFFICE BOX	N)	// [III
B. If amending the registered agent and/or regis	tered office address on our records, enter the	
agent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
-	, Florida	Zin 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>	Address	Type of Action
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		Signature of a r	1	zed representative of	 	

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