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COVER LETTER

TO:	Registration Sec Division of Corp			
	PLES FL, L			
SUBJE	:CT:	Name of Limi	ted Liability Company	
The end	closed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		PABLO OSCAR ELIZONI	DO	
			Name of Person	
		PLES FL , LLC		
			Firm/Company	
		1271 SOUTH MILITARY	TRAIL SUITE 2	
			Address	. <u></u>
		WEST PALM BEACH, FL	ORIDA , 33415. USA	
		FDELARETAINVERSION	City/State and Zip Code ES@GMAIL.COM	
		E-mail address: (t	o be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ea	ill:	
FEDE	RICO DE LA RET	A	561 5739545 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2.	5.00 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:

TO:

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

PLES FL LLC		2
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	ds.)
(7) 10114	a Entitled Elability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 09/11/2019	ds.) and assigned
Florida document number L19000229873		
		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	<u>RESS)</u>	
		<u></u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
manning address with DE 11 1 001 01 1 1 00 00 1 1	-	
		
B. If amending the registered agent and/or regi	stered office address on our record	is enter the name of the n
registered agent and/or the new registered office add		<u> </u>
Name of New Registered Agent:		
Thank of Her Regimered Figure.		M-3
New Registered Office Address:		
	Enter Florida street addre	25.5
		lorida
	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
MGR	ARG TRADE FL, LLC	741 W 17 TH ST. MIAMI , FL 33010	□ Add
			■ Remove
			Change
MGR PABLO	PABLO OSCAR ELIZONDO	1271 SOUTH MILITARY TRAIL SUITE 2 , WEST PALM	■ Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			□ Change
			
			Remove
			Change
			Add
			Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effect If an et Note:	tive date, if other than the date of filing:
docur	nent's effective date on the Department of State's records.
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
\	10/08/2019
Dated	
	Signature of a member or authorized representative of a member
	PARW FLIZOND Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00