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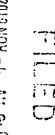
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		PLANNERS, LLC		
Somet.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		JOHN REESE		
			Name of Person	
		WARREN PLANNERS, L	LC	
			Firm/Company	
		1680 MICHIGAN AVENU	JE. SUITE 700-245	
			Address	
		MIAMI, FL 33139		
			City/State and Zip Code	-
		jmrtravel@gmail.com		
		E-mail address: (1	to be used for future annual report notifi	ication)
For further in	iformation co	ncerning this matter, please ca	ıll:	
JOHN REES			305 515-7000 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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

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

WARREN PLANNERS, LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on 09/23/19 and assigned
Florida document number L19000239446	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
PLANNERS.COM, LLC	
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
•	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	For E
Mailing address MAY BE A POST OFFICE BOX)	50 5 T
	in .
3. If amending the registered agent and/or registered offi-	ce address on our records, enter the name of the
egistered agent and/or the new registered office address here:	
	09
Name of New Registered Agent:	Ĭ
Nume of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	, 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>	Address	Type of Action
			□ Add
			□ Remove
			Change
			Add
			Remove
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Filing Fee: \$25.00