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COVER LETTER

TO:

		stration Sect sion of Corpo		
aun 192		PLASTIC MO	LLC' ·	
SUBJEC	JT: _		Name of Lim	omitted Liability Company omitted for filing. to the following:
The encl	losed .	Articles of A	mendment and fee(s) are sub	omitted for filing.
Please re	eturn a	ıll correspond	dence concerning this matter	to the following:
				
			Name of Person	
			PLASTIC MOLDS AND	MACHINERY LLC
				Firm/Company
			1430 S DIXIE HWY STE	105
				Address
			CORAL GABLES, FLOR	RIDA, 33146
			City/State and Zip Code	
			paulaizquierdo76@gmail.c	
			E-mail address: ((to be used for future annual report notification)
For furth	ier inf	formation con	secrning this matter, please c	rall:
Paula C	Izqui	erdo		786 2205799
		Name of F	Person	Area Code Daytime Telephone Number
Enclosed	d is a	check for the	following amount:	
≡ \$2 5.	.00 Fi	iing Fee	☐ \$30.00 Filing Fée & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg	ing Address: istration Se	ection	Street Address: Registration Section Division of Compositions
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			rporations	Division of Corporations The Centre of Tallahassee
			_ 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

T	0	
ARTICLES OF O		and assigned
PLASTIC MOLDS AND MACHINERY LLC		G
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000287496</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10923 NW 70TH ST 3741	•
(Principal office address MUST BE A STREET ADDRESS)	MIAMI 33178 FLORIDA USA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
1	. Flo	rida
1	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 anrending 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
 	1		□Add
			□Remove
			□Change
			□Add
			□Remove
		□Change	
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			Change
			□Remove
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). If amending any other information,	, enter change(s) he	re: (Attach additie	onal sheets, if neces	ssary.)	
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Effective date, if other than the date (If an effective date is listed, the date must be spontage). If the date inserted in this block document's effective date on the Department.	ices not meet the appli	cable statutory filing	(option ore than 90 days after fi g requirements, this	nal) iling.) Pursuant to 605.020 date will not be listed a	7 (3 s th
the record specifies a delayed effective date cord is filed.	e, but not an effective	time, at 12:01 a.m. (on the earlier of: (b)	The 90th day after the	:
Dated FEBRUARY 18TH	2020	\sqcap	ſ		
Signs	ature of a member or auth	ndrized reardsentative	of a member		
IZQUIERDO, PAULA CAR		1 7 7			
- INCOLLEGE, I AUDA CAR		ted name of signee			

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