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COVER LETTER

Registration Section Division of Corporations

NECT: Plant	s & Pallets	LLC	
	Name of Limi	ted Liability Company	
enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
ase return all correspo	ndence concerning this matter t	to the following:	
	Laure	en Reily Name of Person	
	Laure	Name of Person	
	Plants	8 Pallets LL	_C
		Firm/Company	
	8250 SW 93	3rd St.	
		Address	
	Migmi, Fl 3315	56	
	<u> </u>	City/State and Zip Code	
	<u> </u>	lets@gmail.com o be used for the ure annual report n	otification)
or further information c	oncerning this matter, please ca		
0, 12,00,			
Lauren	Reily	at (<u>305</u>) <u>803 -</u> Area Code Days	6754
Name o	TT CISOIP	Area Code 19ay.	time receptione runner
Cantagad is a shoot for th	o Callanda amana		
Enclosed is a check for th	_	There are not to the control of the	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

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

Plants & Pall	let LLC
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)
e Articles of Organization for this Limited Liability Comporida document number <u>L19000294290</u> .	, ,
is amendment is submitted to amend the following:	
_	
If amending name, enter the new name of the limited	liability company here:
ne new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	2
Principal office address MUST BE A STREET ADDRESS	s)
	超 5 二
	23 E
Inter new mailing address, if applicable:	79 7
Mailing address MAY BE A POST OFFICE BOX)	
D. If amonding the registered egent and/or registered off	fice address on our records, enter the name of the new registere
agent and/or the new registered office address here:	nice address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	,
	··
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the olete performance of my duties, and I am familiar with and tas provided for in Chapter 605, F.S. Or, if this document is ffice address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

GR = Manager 1BR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
1GR	Lauren Reily	8250 SW 93rd St. Miami, Fl 33156	2 CAdd
			□Remove
			□Change
,			□Add
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: If the date ins	erted in this block do	of filing:	icable statutory fili	(option of the contract of the	onal) filing.) Pursuant to 605.0 s date will not be listed	201 1 as
ord specifies a d filed.	clayed effective date	, but not an effective	time, at 12:01 a.m	. on the earlier of: (b) The 90th day after	the
i <u>Decemb</u> 	7	ture of a member or au	horized representation	ve of a member		
		Lauren K Typed or pri				
		1 (8)	J 18 1			

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