L20000039097

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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: P&L LOGI	STICS LLC	ted Liability Company	.
	Name of Lini	icu Liabiiny Company	
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	PABLO S. ARGUELLO		
		Name of Person	
	P&L LOGISTICS LLC		
		Firm/Company	
	10867 NW 73RD COURT	Address	
		Address	
	PARKLAND, FL 33076	City/State and Zip Code	
	INFO.NICHIBOTSUBONS		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Pablo S. Arguello		at (908) 9066741	· · · · · · · · · · · · · · · · · · ·
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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 Addre		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 633		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P&L LOGISTICS LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records	<u></u>)
The Articles of Organization for this Limited Liability Company Florida document number L20000039097		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:	
Nichibotsu Bonsai LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity 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:		
Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	s
	, Flo	orida Zip Code
	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 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
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□ Add
			Remove
			□Change

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ffective date, if other than the da an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depa	e specific and cannot be prior to does not meet the application.	to date of filing or more table statutory filing re	(optional) han 90 days after filing.) P quirements, this date w	tursuant to 605.0207 (ill not be listed as t
record specifies a delayed effective da	ate, but not an effective til	ne, at 12:01 a.m. on t	he earlier of; (b) The	90th day after the
is filed.				
	, 2024	<u>.</u> .		
ated February 6th	MAY.	_ ·		
t is filed. ated February 6th Sig	2024 gnature of a prember or autho	rized representative of a	member	