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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

TO:					
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SUBJEC	- I :		ited Liability Company		
The encl	Name of Person  Area Code  Daytime Telephone Number  Sed is a check for the following amount:  25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Registration Section				
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Acey Powell		Daytime Telephone Number  &	
		Putting Into Perspective LLC    Name of Limited Liability Company			
			Firm/Company		
		1801 E Hayes Street			
			Address		
		Pensacola Florida, 32503			
			•		
		• • •			
For furth	er information c		•	uncation)	
Acey Po	well				
	Name o	f Person	Area Code Daytir	nc Telephone Number	
Enclosed	I is a check for th	he following amount:			
<b>≅ \$2</b> 5.	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
				ection	
		<del>-</del>			
	P.O. Box 632		The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ■ ARTICLES OF ORGANIZATION OF

PUTTING INTO PERSPECTIVE LLC	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>s)</u>
The Articles of Organization for this Limited Liability Company were filed on 08/03/2020	and assigned
Florida document number L20000230469	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	21
POWER IN PLANTING LLC	2023 H
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	"or the abbreviation" L.L.C."
Enter new principal offices address, if applicable:	22
(Principal office address MUST BE A STREET ADDRESS)	PH-
·	. o
	တ
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
·	-
3. If amending the registered agent and/or registered office address on our records, enter t	the name of the new register
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
Emer Florida Mireel gaaress	

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.

City

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
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			□Remove
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fective date, if other than th	e date of filing:		(or	otional)	
n effective date is listed, the date mote:  If the date inserted in this b	ist be specific and cannot	be prior to date of fili	ng or more than 90 days at	fter filing.) Pursu	ant to 605.020
cument's effective date on the i	Department of State's	ecords.	. yg requirements.	uns date win n	or be fisted a
ecord specifies a delayed effecti is filed.	ve date, but not an effi	etive time, at 12:0	l a.m. on the earlier of:	(b) The 90th	day after the
May 17	2023	3			
	Agree Dog	will			
	Signature of a member	ruc			

Filing Fee: \$25.00