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Registration Section

TO:

COVER LETTER

Division of Corporation	ons	
SUBJECT: Plens	dota German Groop 2LC. Name of Limited Liability Company	
The enclosed Articles of Amend	Iment and fee(s) are submitted for filing.	
Please return all correspondence	e concerning this matter to the following:	
	Tsamara Mendos-a Name of Person	
	Firm/Company	
	4742 SW 39th Way	
<u>.</u>	F. Law-derdale F1 33317 City/State and Zip Code	
	Chyotate and Zip Code	
	penessiveettaws@amail.com E-mail address: (to be used for future annual report notification)	
For further information concerni	ing this matter, please call:	
Tsamaro Name of Person	Mondozo, at 305, 803 8992 Area Code Daytime Telephone Number	
Enclosed is a check for the follow	wing amount:	9
☐ \$25.00 Filing Fee	Certificate of Status Certificate of Status	: :
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations Division of Corporations — The Centre of Tallahassee	フ

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mendoza Guzman	(V. roup	LLO
(Name of the Limited Liability Comp. (A Florida Limited	inv as it now a pre Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 210000 9141</u> 5	were filed on _	OZ Z3 21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company l	<u>nere</u> :
The new name must be distinguishable and contain the words "Limited Liabi	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)		
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	,	
B. If amending the registered agent and/or registered office a	address on our	records, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orda street address
	City	Florida
New Registered Agent's Signature, if changing Registered Agent;	•	гар Соки
I hereby accept the appointment as registered agent and agri		man with think a second of the second
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance o provided for in	f my duties, and I am familiar with and Chapter 605. F.S. Or, if this document is
company has been notified in writing of this change.		;
If Chan	iging Registered A	gent. 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
AMBR.	Maria Trabal	2722 2ND ST SW	_ ZAdd
		Lehigh Acres, Fl 33976	Remove
			Change
			⊡∧dd
			CRemove
			⊡Change
			_ = DAdd
			_ TRemove
			_ □Change
			_ IAdd
			_ DRemove
			Change
			_ =Add
			Remove
			Change :
			E IAdd 😅
		24	_ TRemove
			- Charge

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 02-10-12021 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuantity 605.0207 (3xb Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 04 05 21 2
Senature of a member or authorized representative of a member
Jeanung Klendota. Typed or printed name of signee

Filing Fee: \$25.00