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	Account Number : I20200000131
	Phone : (305)643-8088
	Fax Number : (305)643-8085
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## **COVER LETTER**

(((H21000163232 3)))

το:	Registration Section Division of Corpor		÷ .		ъ "	*
		PLEL	LA LLC			
SUBJI	ECT:	Name of Limi	ted Liability Company			
The en	iclosed Articles of Am	nendment and fec(s) are sub-	nitted for filing.			
Please	return all corresponde	ence concerning this matter	to the following:			
			IVAN VALERIO			
			Name of Person			
			· PLELLA LLC			
			Firm/Company			
		6	404 NW 199 TERRACE		202	
			Address		2021 APR	
		Ņ	IIAMI, FLORIDA 33015		1 - 1 - 25 ∑	 !
			City/State and Zip Code		<u> </u>	
			GUMAX@BELLSOUTH.NET		PK12: 40	
	•	E-mail address: (	to be used for future annual report not	ification)	÷), <b>£</b>	
For fu	rther information con	cerning this matter, please c	all:			
	IVAN VALE	RIO	954 257-1029 at ( )			
	Name of Pe	erson	Aren Code Daytin	ne Telephone Number	<del></del>	
Enclo	sed is a check for the	following amount:				
□ \$:	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing  Certificate of  Certified Cop  (additional copy	Status &	
	Mailing Address:		Street Address:			

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

;3056438085 # 3/ 5

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000163232 3)))

<u> </u>	PLELLA LLC	
(Name of the Limited Llab (A Flori	ollity Company as it now appears on our recorda Limited Liability Company)	ords.)
he Articles of Organization for this Limited Liability	Company were filed on 03/19/2021	and assigned
Florida document number L21000130970	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lis	mited liability company here:	
CI	LELLA LLC	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADD	DRESS)	72
		1. P.
		22 23
nter new mailing address, if applicable:	N/A	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		23 E
	<del></del>	\$\frac{1}{2} \frac{1}{2}
3. If amending the registered agent and/or register gent and/or the new registered office address here	<b>:</b>	er the name of the new registe
gent and/or the new registered office address here	<b>:</b>	er the name of the new registe
ent and/or the new registered office address here	:	
Name of New Registered Agent:  NAME OF NEW REGISTERED AGENT:	Enter Florida street addr	

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 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 Authorized Member	N/A		(((H21000163232	? 3)))	
<u>Title</u>	<u>Name</u>		Address	:	Type of Ac	<u>tion</u>
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			ATT.		
	Signature of a member o	r authorized represen	itative of a member		
		1	1		

Filing Fee: \$25.00

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