## L21000254436

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900410941619 LLC Amens

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A. RAMSEY

JUL 3 [ 2623

## **COVER LETTER**

TO: - Registration Section

Division of Corporations					
Plumosa C SUBJECT:	Gardens, LLC	•			
SUBJECT:	Name of Lin	Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Barry E. Haimo, Esq.				
		Name of Person			
	Haimo Law				
		Firm/Company			
	8201 Peters Road, Ste. 100	M			
	···	Address			
	Plantation, Florida 33324				
		City/State and Zip Code			
	doc@haimolaw.com				
		to be used for future annual report not	itheution)		
For further information	concerning this matter, please c	all:			
Barry E. Haimo, Esq.		954 599-7483 at () Daytii			
Name	of Person	Area Code Daytii	ne Telephone Number		
Enclosed is a check for	the 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:	vetion		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 63	27	The Centre of	Tallahassee		
Tallahassee.	.FL 32314	2415 N. Monre	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2023 JUN 26 PM 12 49

PLUMOSA GARDENS LLC

(Name of the Limited Liability Company as it now appears on our records) A SSEE, FLOWER (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000254436}{1.21000254436}$ .	were filed on 06/01/202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "I.A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
en . He de la la		
Enter new mailing address, if applicable:	1412 1427	
(Mailing address MAY BE A POST OFFICE BOX)		
		a ali un Bali un instanti
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	idaress on our records	, enter the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	er and deserva
	EMET FORMASITE	TI IRRO CSS
		, Florida
	Cny	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR JUSTIN PAUL NEELIS	7686 NW 116th Lane	□Add	
		Parkland, FL 33076	□Remove
			<b>≘</b> Change
MGR WENDY ?	WENDY NEELIS	7686 NW 116th Lane	■Add
		Parkland, FI, 33076	□Remove
			[]Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
•			□Add
			□Remove
			□Change
			□Add
			□Remove
			[],

	ending any other information, enter change(s) here: vAttach additional sheets, tj/necessary,)
Note:	tive date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at 42:01 a.m. on the earlier of: (b). The 90th day after the illed.
Dated	i 6-8-23
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	Bary E Haire