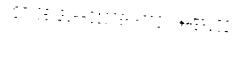
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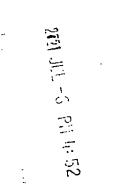
(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor			
	PLZ ME LLC		
SUBJECT:		ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ndence concerning this matter SHENERIA BOUIE	to the following:	
	TEEZ ME PLZ ME LLC	Name of Person	
	237 W 29TH ST	Firm/Company	
	RIVIERA BEACH FL 334	Address 104	
	SBOUIE385@GMAIL.CO	City/State and Zip Code M to be used for future annual report notif	ivation)
For further information of SHENERIA BOUTE	oncerning this mutter, please ca	•	, and the second
Name of	l'Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 Addres	s:	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

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEEZ ME PLZ (Name of the Limited Linbility Comp (A Florida Limited	any as it now appeal Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LQ1000</u> 60111.			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited fial	bility company ho	ere:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the d	esignation "LLC" or the	abbreviation "L.I.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			, (S)
			1
Enter new mailing address, if applicable:			σ, ————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)			
		<u></u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our r	ecords, <u>enter the n</u> g	nme of the new registered
New Registered Office Address.	Enter Flor	rida street address	
		, Florida	
	City	·	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of provided for in (my duties, and Lan Chapter 605, F.S. O	n familiar with and r, if this document is

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 Title Name **Address** Type of Action Sheneera Boure 237 W. 29th St WAND RIVIARA Beach F1 33404 DRemove AMBR Jerry Watson 237 W 29th St MANDER BROCK FI 33404 DRem _____ Change _____ Remove □Remove _____ □Change _____ □Add

____ Change

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tive date, if other than the date of filing:	(optional)
If the date inserted in this block does not meet the applicable statutory fili	more than 90 days after tiling.) Pursuant to 605.0 ing requirements, this date will not be listed
ment's effective date on the Department of State's records.	
ord specifies a delayed offective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after
filed.	will the currier or. (b) The your day titler
Clast March C 2001	
8/5/27 August 5, 300-1	
8/5/27 August 5, 300-1	-

Filing Fee: \$25.00