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		8/13/21

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COVER LETTER

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Tallahassee, FL 32314

TO: Registration Sa Division of Cor					
PLUTO W	AY LLC				
SUBJECT:	Name of Lim	ited Liability Company	<u>.</u>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	HUSSIEN SAMAD				
		Name of Person			
	PLUTO WAY LLC				
		Firm/Company			
	28674 BIRDWATCH LO	OP APT 302			
		Address			
	WESLEY CHAPEL, FL 3	3543			
		City/State and Zip Code			
	ATLASCPAGROUP@GM	AIL.COM to be used for future annual report notif	tication)		
For further information e	oncerning this matter, please c	·			
HUSSIEN SAMAD		901 848-5070			
Name o	f Person	at ()	e Telephone Number		
Enclosed is a check for the	ne 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 Registration S		Street Address: Registration Sec	ction		
Division of C	Corporations	Division of Cor	porations		
P.O. Box 632	P.O. Box 6327 The Centre of Tallahassee		allahassee		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 21 AUG -2 PH 12: 44

PLUTO WAY LLC

(A Florida	a Limited Liabil	ity Company)	on our reco	rus.)
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	Company wer 	e filed on 7/1.	3/2021	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability	company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limit	nited Liability C	ompany," the de	signation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	<u>RESS)</u>			
Pater and and it and in the				
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BOX)		·		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office addr	ess on our re	cords, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Flori	da street addr	
		City	, !	Florida
New Registered Agent's Signature, if changing Registered	d Agent:			
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered againg filed to merely reflect a change in the registered company has been notified in writing of this change.	complete per, gent as prov ed office ada	formance of i ided for in C	ny duties, hapter 605	and I am familiar with and 5, F.S. Or, 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 21 AUG -2 PH 12: 44

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	RICHARD SUTTON	30011 GRANDA HILLS CT	□Add
		WESLEY CHAPEL, FL 33543	■Remove
			□Change
			□Add
			□Remove
		 	
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
		_	□Add
			□Remove
			□Change

If amending any other inform	ation, enter change(s) here * //	trach additional sheets, if necessor 21 AUG -2 PH 12	<i>ሆን)</i> 2:
			.
	,		
			
Effective date, if other than the fan effective date is listed, the date means the date inserted in this belocument's effective date on the light	ist be specific and cannot be prior to dat block does not meet the applicable.	(optiona te of filing or more than 90 days after filir statutory filing requirements, this da	l) g.) Pursuant to 605.0207 (te will not be listed as th
record specifies a delayed effecti 1 is filed.	ve date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
ated	2021		
	Hussian So	amad	
	Signature of a member or authorized	representative of a member	
HUSSIEN SAMAD			
	Typed or printed nar	me of signee	

Filing Fee: \$25.00