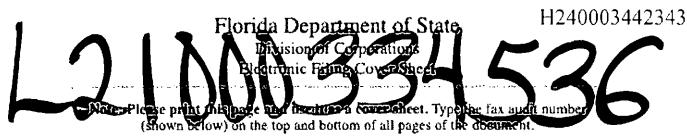
10/14/24, 5:51 PM

Division el Corpositions



(((H24000344234 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : MORISON TAX TEAM LLC Account Number : 120200000187 Phone : (786)757-2436 Fax Number : (786)513-5977 **Enter the email address for this business entity to be used for future janual report mailings. Enter only one email address please.** ≒Email Address:_ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PLANCHAS 1915 LLC

Certificate of Status	0
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Estimated Charge	\$25.00

M. SOLOMON

OCT 2 1 2024

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COVER LETTER

H240003442343

TO: Registration S Division of Co						
	HAS 1915 LLC					
SUBJECT:	Name of Lin	niced 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:				
	JESUS LEON					
		Name of Person				
	SACONSA GROUP LL	· ·				
		Firm/Company				
	3625 NW 82 Avenue Se	ite 100-K			2024 OCT 2 I	
		Address		734 ZY	ET.	i meri
	DORAL, FL 33166			945S		حبس <u>ح</u> 8
		City/8:ate and Zip Code		Suga Suga Suga	PH 9	
	JESUSLEONTERAN@GN E-mail address:	AATLCOM (to be used for future annual report notif	ication)		2: 35	
For further information	concerning this matter, please c			Li	CJ1	
JESUS LEON		786 7572436				
Name	of Person		Telephone Number			
Enclosed is a check for	the following amount:					
S25.00 Filing Fee	□ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Centified Copy (additional copy is enclosed)	Certified	e of Status		
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURII Registration Section Division of Corpor Clifton Building 2661 Executive Cer	1 ations			

Tallahassee, FL 32301

To: AMENDMENT . . . Page: 6 of 8 2024-10-21 15:16:31 GMT 17865135977 From: JESUS LEC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H240003442343

PLANCHAS 1915 LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nny as it now app Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liability Company Florida document numberL21000334536	were filed on	07/23/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company, 'th	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			7. 24
Enter new mailing address, if applicable:			20 P
(Mailing address MAY BE A POST OFFICE BOX)			
	·		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		on our recor d s, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter l	Florida street address	
	Cuv	, Flo ri c	daZip Code
New Registered Agent's Signature, if changing Registered Agent:	•		zip Coar
I hereby accept the appointment as registered agent and agr 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.	ree to act in th performance provided for it	of my duties, and 1 n Chapter 605, F.S	am familiar with and . Or, if this document is
IfCha	onging Registered	Agent, Signature of N.	ew 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

H240003442343

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Cachima Castillo,DIXORYS L	3625 NW 82ND AVE	Add
		SUITE 318 DORAL,	_□ Remove
		FL 33166	
			DAdd
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D. II amending any other informano	n, enter change(s) here: (Attach addit	noncu sneets, ty necessary.)	
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E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prior to date of filing or does not meet the applicable statutory filing	(optional) more than 90 days after filing) Pursuant to 60/ ng requirements, this date will not be liste	5 0207 (3)(b) d as the
If the record specifies a delayed e	ffective date, but not an effective	time, at 12:01 a.m. on the earli	er of:
(b) The 90th day after the record	o is filea.		
Dated OCTOBER 14	2024		

Page 3 of 3

Typed or printed name of signee

JUAN C VILLEGAS MOLINA

Filing Fee: \$25.00