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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Plur	ubus Hardsca	DES LLC	
	Name of Limi	ted Liability Company	
m 1 1 2 1 C	• 1 16 . Za	alternation of the	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Pierre	P. Guislain  Name of Person	
	<del></del>	Firm/Company	
	7703 Ger	neva Ln.	
	Sarasot	Address  Classical Code  City/State and Zip Code	242
	guisphil@g	mail. Com o be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca		
Pierre P. Name o	<u>Guislain</u> FPerson	at (941) 822.  Area Code Daytime	- 93 5 Z 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		Division of Cor	porations
P.O. Box 632		The Centre of T	allahassee

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company	were filed on	07/23/21	021_	_ and a	ssigned
Florida document number <u>L 21 000 334892</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :			
Pluribus Hardsca	pes Lu	<u> </u>			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	esignation "LLC" or	the abbre	viation "	·L.L.C."
Enter new principal offices address, if applicable:					<del> </del>
Principal office address MUST BE A STREET ADDRESS)	<del></del>		SES	2021	
			F 33	~	74 St
			- FE	9-6	TE SATISFA
Enter new mailing address, if applicable:			<u> 경</u> 달 -	<u> </u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	<u> </u>	
			<u>2</u> (11)	<del>сл</del>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our ro	ecords, <u>enter the</u>	name o	f the n	ew registere
Name of New Registered Agent:					<del></del>
New Registered Office Address:		<del></del>			
	Enter Flor	ida street address			
		, Florid		70 - 17 - 1	·
	City	, Florid		Zip Cod	'e

## 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, I hereby confirm that the limited liability company has been notified in writing of this change.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
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late, if other than the date of filing: 08/05/2021 e date is listed, the date must be specific and cannot be prior to date of filing or more date inserted in this block does not meet the applicable statutory filing is effective date on the Department of State's records.	e than 90 days after filing.) Purs	suant to 605.020 not be listed a
ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90t	th day after the
August 2001.	f a member	