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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
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2021 OCT 25 PH 6: 0

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: P.L.U.R LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Holly Cribbs Name of Person
Firm/Company
8547 Honyhous Aug
Servinole Fl 33777 City/State and Zip Code
Plurby Manager (to be used for Sture annual report notification)
For further information concerning this matter, please call:
Holly Gibbs at (2012) 4 LOS - 0317 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Statu

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

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FILED

2021 OCT 25 PM 6: 01

SECRETARY OF SILL

P.L.U.K. UC	- TALLAHASSER, FLO	;
(Name of the Limited Liability Comp. (A Florida Limited	pany as it now appears on our records.) [Liability Company]	<i>:</i> .
The Articles of Organization for this Limited Liability Company Florida document number <u>L21003992U</u> 9	y were filed on 918/21 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Holly Gibbs LUC The new name must be distinguishable and contain the words "Limited Liab		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA = SAME as on	<u>-</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as on	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regi	<u>stered</u>
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City 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. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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
Owner	Holly bibbs	8547 Hollyhock And	X Add
		Servinous fl 33777	□Remove
		···	□Change
			□Add
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effective date e: If the date	if other than the is listed, the date must inserted in this betive date on the E	ist be specific and flock does not m	cannot be prior neet the applica	to date of filing or able statutory fil	more than 90 da ing requiremer	ys after filing.)	Pursuant to 605,0 vill not be listed
cord specifies s filed.	s a delayed effectiv	ve date, but not	an effective ti	me, at 12:01 a.n	, on the earlier	r of: (b) The	90th day after t
	20121			<u> </u>			
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ed 10)	20121 	Kelly	Du	<u></u>			

Filing Fee: \$25.00