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## COVERILETTER

TO:

**Registration Section** 

Division o	f Corporations	
SUBJECT: C	ONSTRUCTION Name of	PLANET ASSOCIATES, LLC
The enclosed Artic	les of Amendment and fee(s) are	submitted for filing.
Please return all co	rrespondence concerning this ma	tter to the following:
	1402.	10 2016 550
	MAKK V	Name of Person
		Woodlock Construction Law Firm, P.A.
		1350 Orange Avenue, Suite, 280 Winter Park, Florida 32789
		Address
	WAT 10 12 60 14 14	City/State and Zip Code
	E-mail address	SS: (to be used for future annual report notification)
For further informa	tion concerning this matter, pleas	se call:
MARK 1	NOODLOCK ESQ	at ( <u>407</u> ) <u>409 - 5305</u> Area Code Daytime Telephone Number
N	ame of Person	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$25.00 Filing F	<u>-</u>	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section of Corporations	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

FILED

CONSTRUCTION	PLAL	JET	ASSO	CIATES	1 13 AM W: 51
( <u>Name of the Limited I</u> (A	Liability Compar Florida Limited L	ny as it nov Jiability Cor	y appears on o npany)	ur records RE	TARY OF STATE AHASSEE.FL
The Articles of Organization for this Limited Liabi	ility Company	were filed	I on <u>09/</u>	31/208	d and assigned
Florida document number <u>L\2100042</u>	9809		•	•	
This amendment is submitted to amend the following				V:	
A. If amending name, enter the new name of th	<u>e limited liabi</u>	lity comp	any here:		
CONSTRUCTION  The new name must be distinguishable and contain the word	PLANE s "Limited Liabili	ET ity Compan	LLC y," the designa	tion "LLC" or t	ne abbreyiation "L.L.C."
Enter new principal offices address, if applicable	le:				
(Principal office address MUST BE A STREET A					
Enter new mailing address, if applicable:				/	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		_/_		
B. If amending the registered agent and/or registered office address h		ddress or	o <b>ur rec</b> ord	ls, <u>enter the i</u>	name of the new registered
Name of New Registered Agent:					
New Registered Office Address:		E	nter Florida str	eet address	
				, Florida	
-		City		, F 101 IU2	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:				
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the register company has been notified in writing of this change in the register.	and complete pred agent as pristered office of the contract of	perfo <mark>rm</mark> a rovided f	nce of my d or in Chapt	uties, and La er 605, F.S.	ım familiar with and 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is Note: If the date i	other than the clisted, the date must inserted in this blooke date on the Dep	be specific and ck does not r	d cannot be pr meet the app	rior to date of fili olicable statuto	ing or more than ry filing requir	(option 90 days after fil ements, this d	ing.) Pursuar	nt to 605.0207 be fisted as
record specifies a d is filed.	i delayed effective	date, but not	t an effectiv	e time, at 12:0	I a.m. on the e	arlier of: (b)	The 90th d	lay after the
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