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SECRETARY OF STATE OF

## **COVER LETTER**

	Division of Corp			
SUBJEC	Plants in Action LLC			•
3011312		Name o	Limited Liability Company	
The enclo	osed Articles of A	Amendment and fec(s) are	submitted for filing.	
	•	Ĭ		
		Kerry Ann Barnes		
			Name of Person	<del></del>
			Firm/Company	
		9101 Nw 24Pl		
			Address	
		Sunrise FL 33322		
		Action LLC    Name of Limited Liability Company		
		· - I		*****
Day Seek	i 6		·	ification)
		oncerning this matter, pier	ise can:	
Kerry Ar	nn Barnes		at ( )	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	00 Filing Fcc	F	s Certified Copy	Certificate of Status & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ection orporations	Registration Se Division of Co The Centre of 1 2415 N. Monro	rporations Fallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

imited Liability Company as i (A Florida Limited Liabilit	t now appears on our records.) y Company)	
·		and assigned
following:		
ne of the limited liability c	ompany here:	
the words "Limited Liability Co	mpany." the designation "LLC" or th	e abbreviation "L.L.C."
		· · · · · · · · · · · · · · · · · · ·
REET ADDRESS)		
_		
<u></u>		
_	7	
	ss on our records, <u>enter the n</u>	ame of the new register
Kerry Ann Barnes		
9101 Nw 24 pl		
<del></del>	Enter Florida street address	
Sunrise	Florida	33322
	ity	Zip Code
ng Registered Agent:		
	(A Florida Limited Liability and Liability Company were following:  the of the limited liability complete the words "Limited Liability Liability Complete the words "Limited Liability Liability Liability Liability Liability	the words "Limited Liability Company," the designation "LLC" or the plicable:  REET ADDRESS)  Or registered office address on our records, enter the nedress here:  Kerry Ann Barnes  9101 Nw 24 pl  Enter Florida street address  Sunrise  City

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.

IGR = M MBR = A	lanager Authorized Member		
<u>ïtle</u>	Name	Address	Type of Action
			□ Add
			□Remove
			Change
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		-			
(If an effective date Note: If the date	inserted in this block	specific and cannot be prio	r to date of filing or more than 9 cable statutory filing require s.	(optional) 0 days after filing.) Pursuant to	o 605.0207 (3 e listed as the
he record specifies ord is filed.	a delayed effective da	le, but not an effective (	ime, at 12:01 a.m. on the ea	rlier of: (b) The 90th day	after the
Dated		; 2022	<u> </u>		
		Deani	established representative of a mem		<del></del>
	Sig	fature of a member or auth	norized representative of a mem	ber	
Кеггу	Ann Barnes				
		Typed or prin	ted name of signee		-