## LZI 000478374

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE<br>AUG - 6 ZU22                |
|   |

Office Use Only



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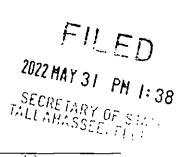
## **COVER LETTER**

|                  | stration Section ion of Corporations  | •   |
|------------------|---------------------------------------|---|
| SUBJECT:         | Plexus Family LLC                     |   |
| SUBJECT          | Name of                               | Limited Liability Company                                     |
| The enclosed A   | Articles of Amendment and fee(s) are  | submitted for filing.   |
| Please return a  | dl correspondence concerning this ma  | utter to the following:                                       |
|                  | April Resch                           |   |
|                  |                                       | Name of Person  |
|                  |                                       | Firm/Company  |
|                  | 1992 LEWIS TURNE                      | R BLVD SUITE 1067 5002  |
|                  | FORT WALTON BEA                       | Address   |
|                  | TOKI WALTON BLA                       | City/State and Zip Code                                       |
|                  | THERESCHSI@GMA<br>E-mail addre        | ALCOM ess: (to be used for future annual report notification) |
| For further info | ormation concerning this matter, plea | se call:  |
| April Resch      |                                       | 719 355-5793  |
|                  | Name of Person                        | Area Code Daytime Telephone Number                            |
| Enclosed is a c  | heck for the following amount:        |   |
| \$25.00 Fil      | ling Fee                              |   |
|                  | ing Address:<br>istration Section     | Street Address: Registration Section                          |
|                  | sion of Corporations                  | Division of Corporations                                      |
|                  | Day 4327                              | The Centre of Tollohacces                                     |

P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Plexus Family LLC?

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Compa   | any were filed on 11/04/2021                                   | and assigned  |
|---|--|---|
| Florida document number <u>L21000478374</u>   |  |   |
| This amendment is submitted to amend the following:   |  |   |
| A. If amending name, enter the new name of the limited I  | iability company here:   |   |
| Resch Family LLC  |  |   |
| The new name must be distinguishable and contain the words "Limited L   | iability Company," the designation "I                          | .L.C" or the abbreviation "L.L.C."                            |
| Enter new principal offices address, if applicable:   |  |   |
| (Principal office address MUST BE A STREET ADDRESS)   | 2  |   |
|   |  |   |
| Enter new mailing address, if applicable:   |  |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |   |
|   |  |   |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  | ce address on our records, <u>en</u>                           | ter the name of the new registered                            |
| New Registered Office Address:  | Enter Florida street ada                                       | dress   |
|   |  | Florida   |
|   | •  | Zıp Code  |
| New Registered Agent's Signature, if changing Registered Age  | <u>ent:</u>  |   |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change. | lete performance of my duties<br>as provided for in Chapter 60 | , and I am familiar with and 05, F.S. 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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| Sective date, if other than the die effective date is listed, the date must be te: If the date inserted in this blocument's effective date on the Dep | ne specific and cannot be prior<br>to does not meet the applic | to date of filing or more | (optional)<br>e than 90 days after filing.<br>requirements, this date | ) Pursuant to 605.020 |
| ecord specifies a delayed effective s filed.  | date, but not an effective t                                   | ime, at 12:01 a.m. or     | the earlier of: (b) Th  | e 90th day after th   |
| ed 24 May   | . 2022   | ·                         |   |                       |
| A   |  |                           |   |                       |
| Jul Real  | ignature of a member or auth                                   |                           |   |                       |

Filing Fee: \$25.00