Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H210004637813)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980 Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PLEMED LLC

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Corporate Filing Menu

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From: TAXLEAF.COM CONTADORMIAMI.COM

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ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF

PLEMED LLC		NOEC 2	
(Name of the Limited Liability Compan (A Florida Limited Lia	y <u>as it now appears on our records.</u>) ability Company)		
The Articles of Organization for this Limited Liability Company w	vere filed on 12/14/2021	and assign	
Fforida document number 1 21000527505		ā <u>‡</u>	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, enter the nam	e of the new registered	
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	Enter Fiorida street address		
	, Florida		
	Ciţi	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am f rovided for in Chapter 605, F.S. Or,	familiar with and if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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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

To: +18506176383

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARCELA ASSESSORE	5537 SHELDON RD SUITE E	🗖 Add
		TAMPA, FL 33615	■Remove
			UChange
MBR	MARIO ALVAREZ	5537 SHELDON RD SUITE E	
		TAMPA, FL 33615	■Remove
			[]Change
MBR	ANDREA URRIZA	5537 SHELDON RD SUITE E	🗀 Add
		TAMPA, FL 33615	■Remove
			☐ Change
· ··			LJAdd
			□Remove
			Change
-			C∏Add
			Петоvс
			□ Change
			(T) (**)

Page, 5 of 5

Effective date, if other than the date of filing: [If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 30 days after filing.) Pursuant to 605,0207 (3) Most; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date out the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the rid is filed. Dated DECEMBER 20 TH 2021						
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Effective date, if other than the date of filing: (optional) If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the right is filed.					_	نتية. ع
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Typed or printed name of signee