H/H/22, H:22 AM

H22000386140 3

Division of Corporations



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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

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PLEMED LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLEMED LLC		
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) (Company)	
The Articles of Organization for this Limited Liability Company were to Florida document number 1.21000527505	filed on 12/14/2021	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbre	eviation "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 address agent and/or the new registered office address here:	is on our records, <u>enter the name o</u>	of the new registered
Name of New Registered Agent:		2NO 3
New Registered Office Address:	Enter Florida street address	
	. Florida	
New Registered Agent's Signature, if changing Registered Agent:	in ₎	Ap Code
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provid being filed to merely reflect a change in the registered office addressing the seen notified in writing of this change.	rmance of my duties, and I am fan led for in Chapter 605, F.S. Or, if i	ulliar with and 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

<u>Title</u>	Name	Address	Type of Action
MGR	MARIA VALERIA VALLINA	5537 SHELDON RD, SUITE E	■Add
		TAMPA, FL 33615	
			[] Change
MGR	MARIA MARCELA ASSESORE	5537 SHELDON RD, SUITE E	🗐 Add
		TAMPA, FI. 33615	⊡Remove
			□Change
MGR	MARIO RICARDO ALVAREZ	5537 SHELDON RD, SUITE E	≡ Add
		TAMPA, FL 33615	□Remove
			□Change
AMBR	ANDREA MOIRA URRIZA	5537 SHELDON RD, SUITE E	□Add
		TAMPA, FI. 33615	Remove
AMBR	ENSEMBLE ENTERPRISE LLC	601 BRICKELL AVENUE SUITE 738	⊞Add
		MIAMI, FL 33131	□Remove
			□Change
			□Aild
			ERemove
			□Change

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. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effect Note: It	e date, if other than the date of filing:	207 (3 as th
he record ord is file	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	le
Dated _	OCTOBER 28TH 2022	
	A Company of the Comp	
	Signature of a member or authorized representative of a member	
	MARIO RICARDO ALVAREZ	
	Typed or printed name of signee	