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DIVISION OF CORPORATION

22 MAY IN AM 9: 05

T. MATTHEWS

JUL -7 2022

COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	Placo Pa	els LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		A E SPENC Name of Person O-Pola LLC Firm/Company	<u> </u>
	9548 M	of latic WAY	
		City/State and Zip Code PECO YOMOO to be used for Inturekannual report notif	
For further information of	concerning this matter, please ca	all:	
MARC	IAE SPENC of Person	E at (954) 756 Area Code Daytime	-1910 Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 SECRETARY OF STATE DIVISION OF CORPORATIONS

22 MAY 10 AM 9: 05 Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 31-2022 and assigned Florida document number 6220000 51566 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____, Florida ___ City New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	MARCIA E, SPENC	CE 9548 MAJESTIC WA	ZY EAdd
		Boynton Bch. Florida 3343	/ □Remove
		Florida 3343	<u></u> ☐ Change
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ffective date, if other than the date of filing:	-	
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