

L 22 000 126 100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

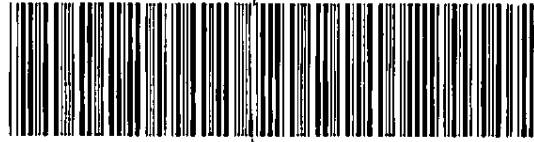
(Business Entity Name)

(Document Number)

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RECEIVED  
2022 APR 25 AM 11:29  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2022 APR 25 AM 6:58  
SECRETARY OF STATE  
TALLAHASSEE, FL  
A. BULLER

APR 26 2022



Michael Rayboun, Esquire  
1410 Piedmont Drive E, Second Floor  
Tallahassee, FL 32308  
850-907-3313 : kate@flalawfirm.com  
FLALAWFIRM.COM

April 25, 2022

**Sent Via Hand Delivery**  
**Registration Section**  
**Division of Corporations**  
**The Centre of Tallahassee**  
**2415 N. Monroe St., Suite 810**  
**Tallahassee, FL 32303**

**Re: The Plain Tree Amendment**

To whom it may concern:

Enclosed is the form to make an amendment to a misspelling of the authorized member. Our firm's check for the filing fee is enclosed, and I ask you to contact us right away if you believe the amount is incorrect or have any other problems related to this matter.

Sincerely,

RAYBOUN WINEGARDNER, PLLC

A handwritten signature in black ink that reads "Kate Winegardner". The signature is fluid and cursive, with a long, sweeping tail.

Kate Winegardner

Assistant to Michael C. Rayboun

Enclosed: Invoice and check #5054

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Plain Tree LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael C Rayboun

Name of Person

Rayboun Winegardner PLLC

Firm/Company

1410 Piedmont Drive East, Suite 2

Address

Tallahassee, FL 32308

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Rayboun

850-907-3313

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**  
2022 APR 25 AM 6:50

The Plain Tree

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

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3/14/2022 and assigned  
Florida document number L22000126100.

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 "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 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*

*Zip Code*

**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, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Yakop Akdemir	3425 Bannerman Road	<input type="checkbox"/> Add
		Unit 105, Box 221	<input checked="" type="checkbox"/> Remove
		Tallahassee, FL 32308	<input type="checkbox"/> Change
AMBR	Yakup Akdemir	3425 Bannerman Road	<input checked="" type="checkbox"/> Add
		Unit 105, Box 221	<input type="checkbox"/> Remove
		Tallahassee, FL 32308	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, 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)(b)

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.

If 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 record is filed.

Dated April 4, 2022

Handwritten signature: Michael Rappaport, attorney in fact
Signature of a member or authorized representative of a member

Michael Rappaport
Typed or printed name of signee