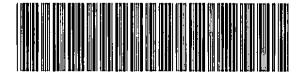
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Special Instructions to	Filing Officer:	
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DIVISION OF CONFORATIONS
22 APR 13 PM 11 15

T. MATTHEWS MAY - 4 2022

## **COVER LETTER**

TO: Registration So Division of Con		ŕ	·		
PLUSHLY	FE LLC		·		
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MICHAEL EMOKPAE				
	****	Name of Person			
	HIGH END INCOME TA	X & ACCOUNTING SERVICES			
		Firm/Company			
	4320 W BROWARD BLV	D. STE 5			
		Address			
	PLANTATION, FL 33317	7			
		City/State and Zip Code			
	highendaccounting@msn.c				
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report not	ification)		
MICHAEL EMOKPAE	yourself and manner, presses	954 730-7673			
:Name o	of Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	S30.00 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 Addre		<u>Street Address:</u> Registration Se	ection		
Registration Section Division of Corporations		Registration Se Division of Co			
P.O. Box 6327		The Centre of	The Centre of Tallahassee		
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION SECRETARY OF STATE OF

22 APR 13 PH 1+15

PLUSHLYFE 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 Liabil	ity Company w	ere filed on MA	ARCH 16 2022	and assigned
Florida document number L22000131673	·			
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liabili	ty company he	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liability	Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	:: .			······································
(Principal office address MUST BE A STREET A.	DDRESS)	···		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u>v</u> .			
		<del>-</del>		
B. If amending the registered agent and/or regis	tered office ad	dress on our ro	ecords, enter the na	me of the new registered
agent and/or the new registered office address he			, <u></u>	
Name of New Registered Agent:				
New Registered Office Address:			ida street address	
		Enter Flor	ida street address	
_			, Florida _	Zip Code
		Ciţv		Zip Code
New Registered Agent's Signature, if changing Regis				
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regi- company has been notified in writing of this change	nd complete po ed agent as pro stered office ac	erformance of ovided for in C	my duties, and Lam Thapter 605, F.S. Oi	familiar with and r, if this document is
and the second s				

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
AMBR	AARON N TAHARI	1141 BUCKINGHAM ROAD	≣Add
		FORT LEE, NJ 07024	□Remove
			□Change
<del></del>			□Add
			☐ Remove
			□Change
		<u> </u>	□ Add
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Fective date, if other than the date of filing:  (uptional)  In 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  One:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as records 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 is filed.  APPRIL 05  2022  Signature of a member of authorized representative of a member								
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Signature of a member authorized representative of a member		Mary						
		1 11 1001		12001	.,			

Filing Fee: \$25.00