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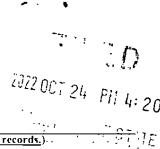
COVER LETTER

то:	Registration Sect Division of Corpo			•
SUBJI	ect: <u>Ko</u> d	C. Networking Name of Limi	Enterprises LLC ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The en	closed Articles of Ar	mendment and fee(s) are sub-	nitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		Calle	AdKins Name of Person	
		Koda Network	Einey Enterprises	LLC_
		12 Paqui	Address	
		S+.C	loud FL 3476 City/State and Zip Code	9
		E-mail address: (1	FINS 01208 gymail. Cook be used for future annual report notif	COM
For fur	ther information cor	icerning this matter, please ea	nll:	
	Calle Adk	ZIV S Person	at (<u>U07</u>) <u>744</u> - Area Code Daylime	4668 e Telephone Number
Enclos	ed is a check for the	following amount:		
□ \$2	5.00 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



Koda Netwoyking Enterprises LCC

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

(A Florida Limited Liability Company)

(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2266147447</u> .	were filed on Mayok 25, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Plant-it-Up LLC The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12 Paquin Dr. St. Cloud FL 34769
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 320102 Coxoa Brach FL 32932
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	D
	, 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 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
			□Add
			□Remove
			□ Change
			\ \ \ \ \ \
			□Remove
			□Change
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			[T]Chanue

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	ive date, if other than the date of filing:
recor d is fil	d 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 led.
	October 21 . 2022.
Dated	111/1
Dated	October 21 . 2022. Callingthour Apple. Signature of a member of authorized representative of a member

Filing Fee: \$25.00