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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer:	
Special instructions to	Filling Officer.	

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COVER LETTER

TO:

	gistration Se vision of Cor			
SUDIECT.	SUCCULE	ENT & BOX PLUGS, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		Destiny Gibbons		
			Name of Person	:
		SUCCULENT & BOX PI	LUGS, LLC	: 1
			Firm/Company	
		5814 Elder Drive		
		*- 	Address	7.0
		West Palm Beach , FL 334	15	
			City/State and Zip Code	
		succulentplug@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For further i	nformation c	oncerning this matter, please c	all:	
Destiny Gib	bons		561 236-2292 at ()	
<u>.</u>	Name o	f Person		ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration Se	ction
Div	vision of C	orporations	Division of Cor	rporations
). Box 632 llahassee, I		The Centre of T	
ı a.	nanassuu, f	L 34314	2413 N. MONTO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUCCULENT & BOX PLUGS, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 4/29/2022	and assigned
Florida document number L22000204227		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The Succulent Plug, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	same	-1
Principal office address MUST BE A STREET ADDRESS)		·
		•
Enter new mailing address, if applicable:	same	-)
Mailing address MAY BE A POST OFFICE BOX)		12
· 		
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, <u>enter t</u>	he name of the new regist
gent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Litter 1 fortud street daaress	
	, Flo	rida Zip Code
	City [,]	zip Coae

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
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			□Remove
			Change
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ffective date, if other than effective date is listed, the lote: If the date inserted in ocument's effective date ocument's	date must be specific a In this block does not	ind cannot be prior t meet the applic	to date of filing or able statutory fil	more than 90 day	(optional) s after filing.) Poss, this date wi	ursuant to 605.020 Il not be listed as
	effective date, but n	ot an effective ti	me, at 12:01 a.n	1. on the earlier	of: (b) The 9	0th day after the
record specifies a delayed Lis filed.						

. . . .

Filing Fee: \$25.00