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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·

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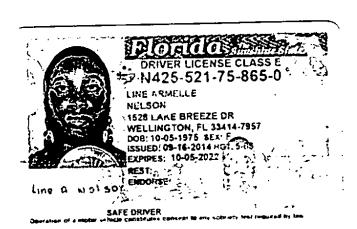


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SECRETARY OF STATE
TALLAHASSEE, FL

TI



I attached my Driever Lieenee

that Shows my man name.

Line E Nelson.

COVER LETTER

Division of Cor				
PLF LLC SUBJECT:				
	Name of Limi	ted Liability Company		
				. 20 20
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		22 ST ECF TA
Please return all correspo	ondence concerning this matter t	o the following:		10000000000000000000000000000000000000
	LINE NELSON			HASSER HASSER
		Name of Person		2022 SEP -6 AM 10: 02 SECRETAINY OF STATE SECRETAINY OF STATE
		Firm/Company	· -	
	1528 LAKE BREEZE DR			
		Address		
	WELLINGTON FL 33414			
		City/State and Zip Code		
	linearm@hotmail.com			
	E-mail address: (t	o be used for future annual report notif	fication)	
For further information c	oncerning this matter, please ca	II:		
LINE NELSON		561 674-5859		
Name o	f Person		e Telephone Number	_
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLF LLC			
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited I	•	on ()4/29/2022	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability compa	any here:	
The new name must be distinguishable and contain the	words "Limited Liability Company.	" the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>	· -	
B. If amending the registered agent and/or agent and/or the new registered office addr		our records, <u>enter th</u>	e name of the new registero
Name of New Registered Agent:	LINE NELSON		
New Registered Office Address:	1528 LAKE BREEZE DR		
	Eni	ter Florida street address	
	WELLINGTON	, Flori	ida <u>33414</u>
	City		Zin 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
MGR	LINE NELSON	1528 LAKE BREEZE DR WELLINGTON FL 33414	i ≣Add
			□Remove
			= Change
MGR	LYNN B NELSON	1528 LAKE BREEZE DR WELLINGTON FL 33414	 □Add
			= Remove
			Change
			□Add
			_ Remove
			_ 🗆 Change
			_ DAdd
			□Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ DChange

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Tective date is	listed, the date	the date of fi	ling: and cannot	7/2022 be prior to da	ate of filing o	or more than S	(optio	nal) iling.) Pursuar date will not	nt to 605

2022

Linellelso

Dated AUGUST 27TH