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2022 OCT 25 PH 1:3: SECRETARY OF STATE

COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C			
GV ID 141 GB1	Vegan Pl	anet 98 LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Christina Pettys		
		Name of Person	
		Firn/Company	
	428 Thomas Drive		
		Address	2022 SEC
	Panama City Beach, FL 3.	2408	2022 OCT SECRETA
		City/State and Zip Code	五 25
	chris@carterpecan.com		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notification) all:	E. FLE
Sally Arn		850 270-6787	11, 22
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	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63	Section Corporations	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

	n Planet 98 LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	ompany were filed on 09/23/2022	and assigned
Florida document number L22000415523	_ .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L	
Enter new principal offices address, if applicable:		2022 Sec
Principal office address MUST BE A STREET ADDR	ESS)	ARETARY ARETARY
Enter new mailing address, if applicable:		OF PH
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	l office address on our records, <u>ent</u>	ter the name of the new regist
New Registered Office Address:	Enter Florida street add	tress
		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 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 augus or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jonathan Am	428 Thomas Dr	
		Panama City Beach, FL 32408	≅ Remove
			□Change
AMBR	Linda Truong	428 Thomas Dr	⊆ Add
		Panama City Beach, FL 32408	□Remove
			202 OCT : SEI RETA
			PHOCHARGE 33
			□ Add
			∏ Character
			bbA□
		<u> </u>	□Remove
		□ Change	
			□Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or note: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 6 mg requirements, this date will not be li	05.0207 sted as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	on the earlier of: (b) The 90th day af	ter the
ated October 7		
Signature of member or authorized representative		

Till E CARO