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#### **COVER LETTER**

TO:		stration Secsion of Corp			
SUBJEC		PlantasticRe	oots, LLC	L23000124974	
SUBJEC	CI;		Name of Lim	nited Liability Company	
The encl	losed	Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn :	all correspoi	ndence concerning this matter	to the following:	
			Dianna Rivera		
				Name of Person	
			PlantasticRoots, LLC		
			<del></del>	Firm/Company	
			217 Pelican Ct		
				Address	
			Kissimmee, FL 34743		
				City/State and Zip Code	
			plantasticrootsllc@gmail.co		
Car Card		Caatian as		(to be used for future annual report notification)	
			oncerning this matter, please ca		
Dianna	River	<del></del>	<u></u>	407 962-7657 at ()	
		Name of	Person	Area Code Daytime Telephone Number	
Enclosed	d is a	check for th	e following amount:		
<b>■ \$</b> 25.	.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee. Certificate of State Certified Copy (additional copy is enclosed)	tus &
		ing Address istration S		Street Address: Registration Section	
			orporations	Division of Corporations	
		. Box 632		The Centre of Tallahassee	
	ı all	ahassee, F	1. 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

COV	ER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Partastiz Roots, LI Name of Limited Liab	cility Company
The enclosed Articles of Amendment and fee(s) are submitted f	for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
Dianna_	Rivera
Plantastic	POOTS, LLC
217 Pelicar	Address
City/a	PL. 34743 State and Zip Code
Plantasticroot E-mail address: (to be use	SII Cagmail-Cam
For further information concerning this matter, please call:	
Occupe Rivers Jr Name of Person	at (407) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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

Plantastic Poots, LL (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appea liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company  Florida document number <u>L23000124434</u> .			and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company h	ere:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the	designation "LLC" or the	abbreviation "L.L.	C."
Enter new principal offices address, if applicable:				<del></del> _
(Principal office address MUST BE A STREET ADDRESS)			2014	
			72	
Enter new mailing address, if applicable:		<u> </u>	~	<del>:</del>
(Mailing address MAY BE A POST OFFICE BOX)				<del></del>
			<u>ω</u>	·~· ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our r	ecords, <u>enter the na</u>	me of the new r	<u>registered</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flo	rida street address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	performance o	capacity. I further of f my duties, and I an	n 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 Changing Registered Agent, Signature of New Registered Agent

### Scanned with CamScanner

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 Type of Action **Address** <u>Name</u> Title 1 217 Pelican Ct, Kissimmee FL 34743 George Rivera Jr MGR \_\_ Change \_\_ 🗆 Add \_\_ Change \_\_\_ □Add \_\_ 🗆 Remove \_\_ Change \_\_\_\_\_ 🗆 Remove \_\_\_\_\_ Change \_ □Remove

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Effective data if other than	the date of filing:	(optional)	
Note: If the date inserted in th	e must be specific and cannot be prior to is block does not meet the applicab ne Department of State's records.	(optional) date of filing or more than 90 days after filing.) Purs le statutory filing requirements, this date will re	uant to 605.0207 ( not be listed as the
the record specifies a delayed efficord is filed.	ective date, but not an effective tim	e, at 12:01 a.m. on the earlier of: (b) The 90th	ı day after the
March 5	2024		
Dated	16	••	
W.	Signature of a member or authori		

Filing Fee: \$25.00