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COVER LETTER

O: Registration Section Division of Corporations	
SUBJECT: Plenticol SUNSHINE, LLC Name of Limited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
KATHRYN DAHLGREN Name of Person	
Firm/Company	
42 PORT ROYAL DR	
PAIM COAST, FI 32164 City/State and Zip Code Plentiful SUN SHINE LLC @ CMAIL. (cm 1:-mail address: (to be used for future annual report notification)	
for further information concerning this matter, please call:	
KATHRYN DAHLGREN at (518) 362 6147 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: 2 \$25.00 Filing Fee \$ \$30.00 Filing Fee & Certificate of Status \$ Certified Copy (additional copy is enclosed) 2 \$60.00 Filing Fee, 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.

PLENTIFUL SUNSHINE, LLC	and a second h
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	any)
The Articles of Organization for this Limited Liability Company were filed of Florida document number $\frac{L23000141128}{}$.	n <u>63/30 /2033</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
the new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	272
 -	
	: ; :S
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
muning dadress mill belli out	
	28
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address: Ente	r Florida street address
	, Florida
City	, Figure

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 Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
AMBR	JOHN NEIDHARDT	42 PORT ROYAL DR	□Add
		PAIM COAST, F1 30164	∑Remove
			DChange
			□Add
			DRemove
			Change
		·	DAdd
		··· - · · · - · · · · · · · ·	[] Remove
			DChange
			□Add
			Remove
			[]Change
			DAdd
			□Kemove
			□Change
			🗆 Remove
			[] Change

Page 2 of 3 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) F. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed.

Typed or printed name of signee

Signature of a member or authorized representati

Dated ______,

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