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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kini Kulture LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marcella Parrado Name of Person
Kini Kulture LLC Firm/Company
9854 Country Daks dr
Forthwest, Florida, 33907
Parrado Marcella Coutant am E-mail address: (to be used for tuture annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square \text{Solutional Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\$ \$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

(Name of the Limited Liability Compa	ny as it now appears on our records)
(Name of the Limited Liability Compa (A Florida Limited I	Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on $04/05/2023$ and assigned
Florida document number <u>L23 000108 923</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Planted LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	9854 Country Oaksadr, Fort myers, H. 33967
	<u>,,, , , , , , , , , , , , , , , , , , </u>
Enter new mailing address, if applicable:	9854 Country Oaks dr.
(Mailing address MAY BE A POST OFFICE BOX)	Fort Mytrs, PL, 33961
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
Name of New Registered Agent:	rcella Parrado
New Registered Office Address: 4854	COUNTRY OAKS DY Enter Florida street address
Fortr	nyers Florida 33907 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

If Changing Registered Agent Agent 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
		<u></u>]Change
MGR	Marina Parrado	7113 Shevandoah ct	□Add
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