L23000545219

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,
(Address)
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(City/State/Zip/Phone #)
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	COVER LETTER		
TO: Registration : Division of C			,
SUBJECT: FIVE PL	ANETS LLC	X	
	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	Shusha Yu		
		Name of Person	
	Five Planets LLC	_	
		Firm/Company	
	2572 Jardin Drive		
		Address	
	Weston, Florida 33327		
		City/State and Zip Code	
	yushusha@gmail.com E-mail.address: (to be used for future annual report noti	figution)
For further information	concerning this matter, please c		
Shusha Yu		at (954) 376-1266	
Name	of Person	at (954) 376-1266 Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$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 Tallahaceae El 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 M. Manros Circot, Cuita 910

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIVE PLANETS LLC

(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on December 8, 2023	and assigned
Florida document number L23000545219		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
108 PLANETS LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter the name</u>	of the new registered
agent and/or the new registered office address here:		
N. Ch. B. C. L.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
,	City	Zip Code
New Registered Agent's Signature if changing Pagistared 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	
<u>.</u>	
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			Remove
			□Add
			□Remove
			□ Change

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_		
Effective	e date, if other than the date of filing:	
<u>Note:</u> 11	e date, if other than the date of filing:	207 (3 as th
he record s ord is filed	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	ne
Dated _	Fab. 6, 2024 Fifty Signature of a member or authorized representative of a member	
	千籽衫	
	Signature of a member or authorized representative of a member	
	Shusha Yu	