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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Dív	ision of Corp	orations		•
OLD ID OT	PLAVAT LI	LC	·	
SUBJECT:	 ,	Name of Limi	ted Liability Company	
The enclosed	i Articles of A	Amendment and fee(s) are subr	nitted for ming.	
Please return	all correspor	dence concerning this matter t	o the following:	
		AL	EXANDRA CARVAJALINO	
		,,,,	Name of Person	
			PLAVAT LLC	
			Firm/Company	
			1583 N FEDERAL HWY	
			Address	
		FOR	RT LAUDERDALE, FL 33304	
			City/State and Zip Code	
			NDRA@SHOPPLAVAT.COM	
		E-mail address: (to be used for future annual report notification)	
For further i	information co	oncerning this matter, please ca	all:	
A	ALEXANDRA	A CARVAJALINO	954 778-3494 at ()	
	Name of	f Person	Area Code Daytime Telephone	Number
Enclosed is	a check for th	e following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0,00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Re D	ailing Addresses signification Sivision of CO O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahasse	e
	allahassee, l		2415 N. Monroe Street, S	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLAVAT	LLC		
Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w	vere filed on	01-31-2024	and assigned
lorida document number L24000056677			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the de	signation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			·
		_	
Enter new mailing address, if applicable:			· -
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our re	ecords, <u>enter the na</u>	me of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
		. 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 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
AMBR	FELIX G. ORTIZ	1583 N FEDERAL HWY FORT LAUDERDALE F	L ≅ A dd
		33304	□Remove
			□Change
			□Add
			□ Remove
			□Change
			🗆 Add
			□Remove
			□Change
*****			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove

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