

7/11/24, 3:25:21

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L24000236200491

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((H24000236200 3)))



H240002362003ABCT

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PETERSON & MYERS PA
Account Number : I20080000078
Phone : (863)683-6511
Fax Number : (863)688-8099

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: pete@caribbean-containers.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PLP FAMILY HOLDINGS, LLC

Certificate of Status	0
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Corporate Filing Menu

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K. SALY

JUL 12 2024

(((H24000236200 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLP FAMILY HOLDINGS, 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:

AMANDA L. WALLS, ESQ.

Name of Person

PETERSON & MYERS, PA

Firm/Company

225 EAST LEMON STREET, SUITE 300

Address

LAKELAND, FLORIDA 33801

City/State and Zip Code

awalls@petersonmyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda L. Walls, Esq.

863

683-6511

at ()

Name of Person

Area Code

Daytime 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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((H24000236200 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H24000236200 3)))

PLP FAMILY HOLDINGS, 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 07/03/2024 and assigned
Florida document number L24000296491.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company 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:

105 DIXIE HWY

(Principal office address MUST BE A STREET ADDRESS)

AUBURNDALE, FLORIDA 33823

Enter new mailing address, if applicable:

105 DIXIE HWY

(Mailing address MAY BE A POST OFFICE BOX)

AUBURNDALE, FLORIDA 33823

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

105 DIXIE HWY

Enter Florida street address

AUBURNDALE

City

, Florida 33823

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	PETER LAPIETRA	105 DIXIE HWY	<input type="checkbox"/> Add
		AUBURNDALE, FLORIDA 33823	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

FILED
2024 JUL 11 AM 11:03
FALL RIVER, MA
CLERK OF SUPERIOR COURT

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
2024 JUL 11 AM 4:00
FALLA ASSOCIATES, L.L.C.


E. 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.

Dated July 11, 2024

 AS authorized representative
Signature of a member or authorized representative of a member

Craig A. Leckie

Typed or printed name of signee

((H24000236200 3)))

Filing Fee: \$25.00