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200439039032

## **COVER LETTER**

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Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: PHALMY ORGATIVE LL	
	limited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
<u> </u>	Name of Person
PLLACAN	VX CLEKTIVE LLC
•	Firm/Company
600 NEI	UTON AK. GOUTH
	Address
KI. PE	City/State and Zip Code
Gra. Ins	Gity/State and Zip Code 4. POMEROM OGNALL. COM
E-mail addres	s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
STEWALL POMEROY Name of Person	at ( <u>640</u> ) <u>342.6282</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\$ \$25.00 Filing Fee \$\Bigcup \text{Certificate of Status}\$	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLACANY CREATIVE	uc
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company v	were filed on <u>0010060 12 10024</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	hty company here:
The new name must be distinguishable and contain the worder Limited Liability	ty 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
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

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>	Type of Action
MGR	STEWARD POMEROY	800 NEWTON AVE. SOUTH	<b>/X</b> :Add
		51. PETENSBONG FL 3370	□Remove
			□Change
			🗀 Add
			□Remove
			□ Change
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li an efi <u>Note:</u>	ive date, if other than the date of filing:
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	NOVEMBER 1, 2014
	Signature of a nember or authorized representative of a member