L24000477325

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SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Cou			ž
PLA BRU	NO LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ARTURO ABREU		
	-	Name of Person	
	ARTURO ABREU LAW	FIRM PA	
		Firm/Company	
	3905 NW 107TH AVE ST	TE 304	
		Address	
	DORAL, FL 33178		ECRETARY OF ST TALLAHASSEE.
		City/State and Zip Code	—————————————————————————————————————
	arturo@aalegal.us	to be used for future annual report notification	
For further information c	oncerning this matter, please c		EF ST
ARTURO ABREU		305 301-8204 at ()	ш С Д
Name o	f Person		ephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration S Division of C	Section	Street Address: Registration Section Division of Corpora	
P.O. Box 632	-	The Centre of Talla	
Tallahassee,	FL 32314	2415 N. Monroe Str	reet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLA BRUNO LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number $\frac{1.24000477325}{1.24000477325}$	npany were filed on H1/12/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	office address on our records, enter the	SECRETAIRY OF STATE name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
 	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
MGR	MARVELYN Y BRUNO	480 HIBISCUS STREET #631	□ Add
		WEST PALM BEACH, FL 33401	■Remove
			□ Change
	 		bbA⊡
			□Remove
			Shanga NOV
			NOV 26 PH 1: 51 SECRETARY OF STANSARE FLO
			🖸 Add
			□Remove
			□ Change
			□Add
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	te of filing:	licable statutory fil	more than 90 days after fi ing requirements, this c	ling.) Pursuant to 60:	5.0207 (3)(t ted as the
he record specifies a delayed effective da ord is filed.	ite, but not an effectiv	e time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day afte	er the
Dated NOVEMBER 18	2024	·			

Filing Fee: \$25.00

Typed or printed name of signce