06/07/2021



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000260958 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

Account Name : POPPI ENTERPRISES & TECHNOLOGY LLC

Account Number : I20210000079 Phone : (754)215-9616 : (754)264-8289 Fax Number

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J&B BEST SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JUL 0 7 2021

A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

Page: 6 of 6

From: Roberta Silva

## COVER LETTER

	<b>3</b> ,
	gistration Section ision of Corporations
	J&B BEST SOLUTIONS LEC
IECT:	
lose	Articles of Amendment and fee(s) are submitted for filing.
returr	all correspondence concerning this matter to the following:
	ROBERTA HATANO SILVA
	Name of Person
	POPPI ENTERPRISES & TECHNOLOGY LLC
	Finn/Company
	4043 ALLERDALE PL
	Add: tss
	COCONUT CREEK, FLORIDA, 33073
	City/State and Zip Code
	POPPICONSULTING@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
arther i	nformation concerning this matter, please call:

Enclosed is a check for the following amount:

Name of Person

₩ \$25.00 Filing Fee

ROBERTA HATANO SILVA

(1) \$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

Daytime Telephone Number

From: Roberta Silv

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

2021-07-06 19.47:10 UTC

J&B I	BEST SOLUTIONS LLC
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L21000300664	Company were filed on 06/30/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company bere:
J&G BEST SOLUTIONS LLC	2: VISE
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADL	
Enter new mailing address, if applicable:	D: 35
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	dment is submitted to amend the following:  Inding name, enter the new name of the limited liability company here:  SOLUTIONS LLC  In must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "
	Cin: Zin 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.

To: 18506176383 • Page: 3 of 6 2021-07-06 19:47;10 UTC 17542648289 From: Roberta Silve

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	
$\Delta MBR =$	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			□Add
			□Change
			□Add
			☐ Remove
			Change
			SEURETARY OF CORDIVISION OF COR
			SECRETARY OF STATE DIVISION OF CORPORATIONS  Report 10: 38
			□Change
···			∐Add
			□ Remove
			Change
			□Add
			Петоvе
			Change

17542648289

<del></del>		
<del></del>		
- <del></del> -		<del></del>
		2
		<u> </u>
		<u> </u>
		AR R
<u>,</u>		<del></del> 5
		: <u>35</u>
an effective date i lote: If the date	if other than the date of filing:  is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put inserted in this block does not meet the applicable statutory filing requirements, this date will extive date on the Department of State's records.	rsuant to 605,020 not be listed a
record specifies I is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day after the
ated	JULY 01 , 2021	
	and the second of the second o	
	Signature of a frequency or authorized representative of a member	
		,
	GUSTAVO RIBEIRO LEITE	