## L17000031187

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Doc	ument Number)	1
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## **COVER LETTER**

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CHO ICCT.		NT IDEAS DEC	•	A No.
SUBJECT:	<u> </u>	Name of Lim	ited Liability Company	<del> </del>
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		JUAN J. PEREZ		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	<del></del>
		J. PEREZ LEGAL PA		
			Firm/Company	
		9710 STIRLING RD #104	-105	
		<del></del>	Address	
		COOPER CITY, FLORID	A 33024	
		JPEREZ@JJPLEGAL.COM		
			to be used for future annual report not	fication)
For further i	nformation c	concerning this matter, please co	all:	
JUAN J. PE	REZ		954 450-2585 at ()	
	Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed is	a check for t	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)
	niling Addres		Street Address: Registration Se	ction
Di	vision of C	Corporations	Division of Cor	rporations
P.0	O. Box 632	27	The Centre of 1	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

POOTPKINT IDEAS LLC		
( <u>Name of the Limited Lial</u> (A Flor	pility Company as it now appears on ourida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number L17000031187		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADd	DRESS)	
Enter new mailing address, if applicable:	<del></del>	<del></del>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strec	1 address
		Florida
<del></del>	City	, Florida

## New Registered Agent's Signature, if changing Registered Agent:

PAATENDER UND COLLE

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>	Name	<u>Address</u>	Type of Action
MGR	NILSA ALVAREZ	652 Chris Haven Drive	<b>=</b> Add
		Seymour, TN 37865	Remove
		<u> </u>	□Change
	<del>-</del>		□Add
		. <del></del>	□Remove
		<del></del>	□Change
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	te of filing:	(optional)	uant to 605,0207
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an effective date is listed, the date must be open of the date inserted in this block ocument's effective date on the Department.	does not meet the applicable statutortment of State's records.	ory filing requirements, this date will a support the support of t	
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an effective date is listed, the date must be ofee: If the date inserted in this block ocument's effective date on the Department specifies a delayed effective date is filed.	does not meet the applicable statutortment of State's records.  ate, but not an effective time, at 12:0	ory filing requirements, this date will	
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Filing Fee: \$25.00