

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L18000253972

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Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIPPI, LLC

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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AUG 05 2023

K. Brumblay

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
LIPPI LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 10/29/2018 and assigned Florida document number: L18000253972

Article I

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."

Article II

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**)

Article IV

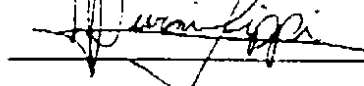
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: **VIVIAN LIPPI**

New Registered Office Address: **16142 STUBING ALY, WINTER GARDEN, FL 34787**

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 directly 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

Title	Name	Address	Type of Action
AMBR	G. DA SILVA, GUSTAVO JOSE	16142 STUBING ALY	REMOVE <input type="checkbox"/>
		WINTER GARDEN, FL 34787 US	ADD <input checked="" type="checkbox"/>
MGR	LIPPI JUNIOR, ROBERTO	16142 STUBING ALY	REMOVE <input checked="" type="checkbox"/>
		WINTER GARDEN, FL 34787 US	ADD <input type="checkbox"/>
AMBR	LIPPI JUNIOR, ROBERTO	DR PASCHOAL IMPERATRIZ, 105 APT 303	REMOVE <input type="checkbox"/>
		SAO PAULO, SP 04705-070 BR	ADD <input checked="" type="checkbox"/>

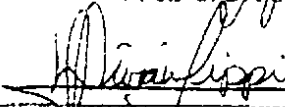
C. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: August 4, 2023


GUSTAVO JOSE G. DA SILVA / AMBR


VIVIAN LIPPI / MGR


ROBERTO LIPPI JUNIOR / AMBR