# L19000148436

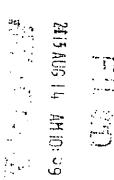
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## **COVER LETTER**

TO: Registration Sect Division of Corpo		,	
SUBJECT:	POPPITS, Longitude Name of Limite	L C ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	WAYNE	SOLAN Name of Person	
		PITS, LLC Firm/Company	
		IST COURT	
		Address	
	FORT LA	UDERDALE, FL	33312
		UDERDACE, FL City/State and Zip Code @ Poppits tooth pa be used for future annual report notif	
For further information cor	cerning this matter, please call	•	
WAYNE	SOLAW	at (954) 864 Area Code Daytime	2845
Name of F	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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, Ft. 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POPPITS, L	LC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) aability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000148436</u> .	were filed on <u>6/4/19</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
W/A		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	W/A	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:	VO 111	<u> </u>
New Registered Office Address:	Enter Florida street address	
	Florid:	a Zip Code
		<del>.</del>

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.

W 1 A

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	WAYNE SOLAN	2127 SW IST COURT FORT LAUDERDALE, FL 3331	<del>D</del> \(\lambda\) dd
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
MGR GEOFFREY DE	GEOFFREY DELLER	11073 BRANDYWINE LAKE BOYNTON BEACH, FL 33473	√ <b>A</b> 7 <b>©</b> ∕Add
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(If an e Note:	tive date, if other than the date of filing:  8 17 19 (optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the earlier of the day after the record is filed.
	7th AUGUST. ZOIG.
Dates	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00