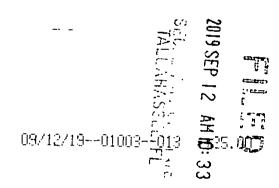
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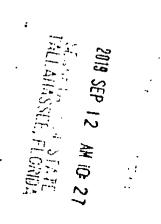
(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
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SEP 1 / 2019

## **COVER LETTER**

TO: Registration of Division of	on Section f Corporations		
ATT 150 ATT 67(1)	ALES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	es of Amendment and fee(s) are sub		
Please return all cor	respondence concerning this matter	to the following:	
	KENDRICK JUSTIN PAI	RNELL	
	-	Name of Person	<del> </del>
	PPP SALES LLC		
	<del></del>	Firm/Company	
	12283 AUTUMNBROOK	TRAIL WEST	
	JACKSONVILLE FL 322	Address	<del></del>
	KJUSTINPARNELL@GM	City/State and Zip Code	<u></u>
	_	(to be used for future annual report notif	ication)
For further information	tion concerning this matter, please o	call:	
KENDRICK JUST	IN PARNELL	904 380-1751 at ( )	
N	ame of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ee	☐ \$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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records da Limited Liability Company)	<u></u> )
The Articles of Organization for this Limited Liability Florida document number L19000217229	Company were filed on 08/26/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC"	`or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		SE T
(Principal office address MUST BE A STREET ADI	DRESS)	(A)
		- A 15 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad  Name of New Registered Agent:		, enter the name of th
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	y
<u> </u>		orida
	City	Zip Code

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

DDD CALCOLLO

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 ad or removed from our records:

MGR = Manager

	• • • • • • • • • • • • • • • • • • • •	
AMBR =	<b>Authorized</b>	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KENDRICK JUSTIN PARNELL	12283 AUTUMN BROOK TRAIL WEST, JACKSONVILLE	IZ Add
			☐ Remove
			Change
		<del></del>	Add
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ffective date, if	other than the date of f listed, the date must be specifi	filing:	to date of filing or more	(optiona than 90 days after tili	i <b>l)</b> ng ) Pursuant to 605 (
iote: If the date i	inserted in this block does	not meet the applic	able statutory filing r	equirements, this da	ate will not be liste
ocument s effect	ive date on the Department	t of State's records.	•		
e record spec	ifies a delayed effecti	ive date, but no	ot an effective tim	ne, at 12:01 a.n	n, on the earlie
	after the record is fil			•	
_	, , , to		,		
lated $\underline{\searrow}e$	ptember 6 <sup>th</sup>		<u>1_</u> .		
	3	1			
	Signature	of a member or auth	orized representative of	a member	
	<del>-</del>	/			

Page 3 of 3

Filing Fee: \$25.00