

7/8/2020

Division of Corporations

Florida Department of State

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) at the bottom of all pages of the document.**

(((H20000211021 3)))



H200002110213ABCJ

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

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : JAMES RIDOUT SERVICES, INC.  
Account Number : I20200000019  
Phone : (954)612-8899  
Fax Number : (954)530-0843

2020 AUG 21 PM 4:23

FRI 7:17 PM

**\*\*Enter 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  
VIRGINIA FAMILY INVESTMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01

<https://efile.sunbiz.org/scripts/efilcovr.exe>

2020 AUG 21 AM 8:15

*Second Request!!*

Y. SUNKER

AUG 21 2020

7/6/2020

Division of Corporations

Estimated Charge	\$25.00
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Corporate Filing Menu

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Virginia Family Investment

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Ridout

\_\_\_\_\_  
Name of Person

James Ridout CPA

\_\_\_\_\_  
Firm/Company

578 NE 20th Street 8

\_\_\_\_\_  
Address

Wilton Manors, FL 33305

\_\_\_\_\_  
City/State and Zip Code

swim2win.james@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Ridout

954

612-8899

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of 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

☐ \$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Virginia Family Investment LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/06/2020 and assigned  
Florida document number L20000044244.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PPEs International LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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)**

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*Zip 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.*

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Brian Dang	1803 S Tamarac Street	<input type="checkbox"/> Add
		Denver, CO 80231	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tuyen V Do	701 N Fort Lauderdale Beach Blvd 504	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33304	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR		James Ridout	<input type="checkbox"/> Add
		578 NE 20th Street 8	<input type="checkbox"/> Remove
		Wilton Manors, FL 33305	<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Please add EIN 84-4741294

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signoc