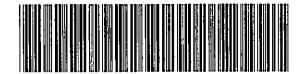
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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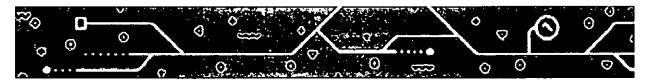
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22 JUNET PH 1: 34

T. MATTHEWS

FEB - 3 2022



zenbusiness

Jan 24, 2022

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: Pipoca Brazil LLC

To Whom It May Concern:

____Attached please find the executed <u>CERTIFICATE OF AMENDMENT</u>. for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Kelly Castro 5511 Parkcrest Dr., Suite 103 Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you,

Kelly Castro ZenBusiness Customer Success

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 J. 1. 27 PH 1: 34

Pipoca Brazil LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.20000118585	were filed on 05/01/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	363 7th Street
Principal office address MUST BE A STREET ADDRESS)	Atlantic Beach, FL 32233-5433
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	363 7th Street
	Atlantic Beach, FL 32233-5433
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new reg</u>
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 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>	Type of Action
AMBR	Ann Wechter	363 7th Street	□Add
		Atlantic Beach, FL 32233-5433	□Remove
			■Change
			□Add
			□Remove
			□Change
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			□Remove
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Effective date, if other than the d If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prior to date the does not meet the applicable st	of filing or more than 90 days aft	tional) er filing.) Pursuant to 605.0207 (3)(nis date will not be listed as the
e record specifies a delayed effective ord is filed.	date, but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day after the
1	2022		
Dated	··		

. . .

Filing Fee: \$25.00