Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L21000167620

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

From:
Account Name : POPPI ENTERPRISES & TECHNOLOGY LLC
Account Number : I20210000079
Phone : (754)215-9616
Fax Number : (754)264-8283

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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C. BRUMBLEY
DEC 21 2022

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HN PRIME SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	$25.00

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HN PRIME SOLUTIONS LLC
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:

ROBERTA HATANO SILVA
Name of Person

POPPI ENTERPRISES & TECHNOLOGY LLC
Firm/Company

6810 N STATE ROAD 7 SUITE 132
Address

COCONUT CREEK, FL 33073
City/State and Zip Code

poppiconsulting@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberta Silva at (754) 215 9616
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

HN PRIME SOLUTIONS 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 04/12/2021 and assigned Florida document number L21000167620.

This amendment is submitted to amend the following:

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."

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)

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TALLAHASSEE, FL

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)

_____, 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 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

Title	Name	Address	Type of Action
AMBR	JEFFERSON C RAMOS	2850 CELEBRATION PLACE WEST APT 210	☐Add
		MARGATE, FL 33063	■Remove
			☐Change
AMBR	NATALIA CRISTINA DA SILVA	5450 LYONS RD APT 101	■Add
		COCONUT CREEK, FL 33073	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

E. **Effective date, if other than the date of filing: _____ (optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated DECEMBER 19 2022

Signature of a member or authorized representative of a member

HELTON OLIVEIRA SILVA GOMES

Typed or printed name of signee