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06/22/21--01011--022 **60.00

21 JUR 22 FH 3: 08

COVER LETTER

	Registration Sec Division of Corp			
SURJEC	PapaPierre	LLC		
30D0LC			ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Vanessa Pierre Louis		
			Name of Person	
		PapaPierre LLC		
			Firm/Company	
		985 S Kirkman Rd Apt 12		
			Address	
		Orlando. Florida 32811		
			City/State and Zip Code	
		prrpierrelouis@yahoo.com		
		E-mail address: (1	to be used for future annual report notific	ation)
For furthe	er information co	oncerning this matter, please ca	all:	
Vanessa	Pierre Louis		407 267 -4027 at ()	
	Name of	Person	Area Code Daytime	Felephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAPAPIERRE LLC

21 JUN 22 PH 3: 08

(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 Compa	any were filed on April 30, 2021	and assigned
Florida document number L21000201929		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the	ne 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 offic agent and/or the new registered office address here:	ce address on our records, <u>enter the n</u>	name of the new registered
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: A HOME TOOL HEAT K

MGR = Manager AMBR = Authorized Member

21 JUN 22 PM 3: 08

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Pierre Frederique Pierre Louis	985 S Kirkman Rd.	∃ Add
		Арт 12	□Remove
		Orlando, FL 32811	□Change
MGR	Denise Pierre Louis	985 S Kirkman Rd.	_
		Apt 12	_
		Orlando, FL 32811	□Change
			□Add
			Remove
			□Change
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	<u> </u>		□Add
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			□Change
			□Add
		-	□Remove

Effective date, if other than the date of filing: [an effective date, if other than the date of filing: [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) More: 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. 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 rd is filed. Dated June 15/ 2021 While the date of the date of filing: Signature of a member or authorized representative of a member		्रसामा के जिल्हा के किस के अंग्रेस के किस के क
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Maria Valla	Dated June 15	2021
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	1	Signature of a member or authorized representative of a member

Typed or printed name of signee