30/07/2021

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : POPPI ENTERPRISES & TECHNOLOGY LLC

Account Number : I20210000079

Phone : (754)215-9616

Fax Number : (754)264-8289

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RENTE & ORMOND LLC

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COVER LETTER

TO: Registration S Division of Co						
	ORMOND LLC					
SUBJECT:	Name of Lim	Limited Liability Company				
	f Amendment and fee(s) are sub ondence concerning this matter			2021 JUL 30 AH 10: 18 SECKE INSISEE: FLORIO TALLAINSSEE: FLORIO		
	RO	BERTA HATANO SILVA		HE TO		
		Name of Person		(03/4) (03/4) (1-1)		
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	4	043 ALLERDALE PL				
		Address				
	CC	OCONUT CREEK, FL 33073				
		City/State and Zip Code				
		NSULTING@GMAIL.COM				
		to be used for future aunual report noti	ification)			
For further information	concerning this matter, please c	raff:				
ROBERTA HATANO	SILVA	754 2159616 at ()				
Name	of Person	Aren Code Daytim	ie Telephone Number			
Enclosed is a check for	the following amount:					
L1 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	C \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	Certified C	of Status &		
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	rporations	0		

Tallahassee, FL 32303

From: Roberta Silva

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RENTE & OR	MOND LLC		
(Name of the Limited Liability (A Florida I	Company as it now appearanted Lighthity Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Confered document numberL21(80288791	mpany were filed on _		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company l	<u>iere</u> :	
the new name must be distinguishable and contain the words "Limma	ed Lizbility Company," the	designation "LLC" or t	he abhreviation "L.1, C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
·			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE ROX)			
	and the department of the second of the seco		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	
		, Florid	aZip Code
	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.

To: 18506176383 Page: 5 of 6 2021-07-30 17:05:09 GMT 17542648289 From: Roberta Silva

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>	Name	Address	Type of Action
MGR	LEANDRO RENTE F DA SILVA	23053 OLD INLET BRIDGE DRIVE	∄ ∧dd
		BOCA RATON, FL 33433	
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ord specifies filed.	a delayed effective o	date, but no	it an effectiv	e time, at 12:	:01 a,m, on th	ic carlier of: (b) The 90th d	lay after th
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