04/11/2021 10:59



Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : POPPI ENTERPRISES & TECHNOLOGY LLC

Account Number : I20210000079 : (754)215-9616 Phone

Fax Number : (754)264-8289

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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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SSS SOLUTIONS LLC

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Corporate Filing Menu

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COVER LETTER

TO: Registration Se Division of Cor				
(1) 10 (2		JTIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	ROBE	ERTA HATANO SILVA		
		Name of Person		
	POPPLENT	ERPRISES & TECHNOLOGY LLC		
		Firm Company		
	4	1013 ALLERDALE PL		
		Address		
	COCONUT CREEK, FL 33073			
	-	City/State and Zip Code		
		CONSULTING & GMAIL.COM		
	E-mail address: (to be used for future annual report notification)		
For further information of	oncerning this matter, please c	all:		
ROBERTA HATA	NO SILVA	754 2159616 at ()		
Name o	r Person	Area Code Daytime Telephone Number	-	
Enclosed is a check for the	he following amount:			
≅ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fe Certified Copy (additional copy is enclosed)	tatus &	
<u>Mailing Addre</u> Registration		Street Address: Registration Section		
Division of C		Division of Corporations		
P.O. Box 632		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Tallahassee.	r1. 32314	2415 IN, MIONTOE STREET, SUITE 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S	SS SOLUTIONS LLC		•	F. C. C
(Name of the Limited Lial	ility Company as it now appears ida Limited Liability Company)	on our records.)		Ů.
(7/ F10)	itia Linnico Emonity Company)		ō	22
The Articles of Organization for this Limited Liability	Company were filed on	10/29/2021	and assigned	3
Florida document number L21000470352			and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :		
The new name must be distinguishable and contain the words "L	imited Liability Company," the de	signation "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADd	DRESS)			
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BOX)				_
B. If amending the registered agent and/or registe	red office address on our re	cords, enter the nai	me of the new regis	tered
agent and/or the new registered office address her				
Name of New Registered Agent:				_
New Registered Office Address:	Enter Flor	ida strvet address	<u> </u>	
	emer r ior.			
	Circ	, Florida _	Zio 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>	Name	Address	Type of Action
AMBR	JULIANA ROZO SILVA SOARES	9781 ARBOR OAKS LANE APT 203 BDG 07	= Add
		BOCA RATON, FL 33428	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change

To: +18506176383 *

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Note: 1	e date, if other than the date of filing: tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be at seffective date on the Department of State's records.	5 605.01 Histod	207 (as t
e record d is file	specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b). The 90th day d	affer t	he
Interl	OCTOBER 04 2021		
<i>-</i> aicti _	Signature of a member or authorized representative of a member		