L21000500036

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2021 DEC 17 AM 9: 38 SUCRETARY OF STATE

COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations				
CUD IPOT.	Papi's Novelties Llc Name of Limited Liability Company					
SUBJECT:						
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Juan Zarzuela				
		-	Name of Person			
		Papi's Novelties Llc				
			Firm/Company			
		6780 Coral Berry Dr.				
			Address			
		Mount Dora, Fl. 32757				
			City/State and Zip Code		<u>-</u>	
		Jz@papisnoveltieslle.org	to be used for future annual	raport potif	ication	
For further in	nformation c	oncerning this matter, please c		report nom	cation	
Juan Zarzue	la		407 24	21249		
	Name o	f Person	at () Area Code	Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en-		Certified (of Status &
Reg	iling Addres	Section	_	ation Sec		
	zision of C). Box 632	orporations 7		n of Corp ntre of Ta	oorations allahassee	
	lahassee, I				Street, Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 DEC 17 AM 9: 39

rapi s novemes Lic		S	ECRETARY DE STATE
(<u>Name of the Lin</u>	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)	ELAHASSEE, FÜRBI
The Articles of Organization for this Limited Plorida document number L21000500036			•
his amendment is submitted to amend the fo	llowing:		
If amending name, enter the new name	of the limited liability comp	pany here:	
\$/A			
he new name must be distinguishable and contain the	words "Limited Liability Compar	iy," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appl			
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:		n our records, <u>enter th</u>	це пате of the new registo
Nine Berlin and Office Address			
New Registered Office Address:	- F	Enter Florida street address	
		, Flor	
	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>	Address	Type of Action
AMBR	Ana Lucia Marino	6774 Coral Berry Dr.	■Add
		Mount Dora Fl. 32757	□Remove
			□Change
			□Add
			□Remove
			□Change
 -			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		_	□Add
		-	□Remove

ANA LUCIA MARINO Part	tnership 50%
	-
	<u> </u>
	·
native data if other than the	a data of filings 12/01/2021
	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
e: If the date inserted in this blument's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
December 12	2021
ca	·
45.0	ors and a second

Typed or printed name of signee