

122000185048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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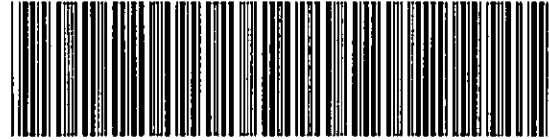
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SECRETARY OF STATE  
OFFICE OF CORPORATION

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PULPPE MANAGEMENT, 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:

MONICA POSIN

Name of Person

NEW CAPITAL MANAGEMENT, LLC

Firm/Company

3125 NE 163 ST

Address

NORTH MIAMI BEACH, FL 33160

City/State and Zip Code

RICARDO@NCREALTY.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA POSIN

305 9495221

at ( )

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**

PULPPE MANAGEMENT, 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 MAY 4, 2022 and assigned  
Florida document number L22000185048.

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)**

935 79 TERRACE, APT 1

MIAMI BEACH , FL 33141

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

935 79 TERRACE , APT 1

MIAMI BEACH , FL 33141

**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:

MATIAS IVAN BARTULOVIC

New Registered Office Address:

935 79 TERRACE

*Enter Florida street address*

MIAMI BEACH

*City*

, Florida 33141

*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

| <u>Title</u> | <u>Name</u>            | <u>Address</u>              | <u>Type of Action</u>                      |
|--------------|------------------------|-----------------------------|--|
| MGR          | NEW CAPITAL MANAGEMENT | 3125 NE 163 ST              | <input type="checkbox"/> Add               |
|              |                        | NORTH MIAMI BEACH, FL 33160 | <input checked="" type="checkbox"/> Remove |
|              |                        |                             | <input type="checkbox"/> Change            |
| MGR          | MATIAS IVAN BARTULOVIC | 935 79 TERRACE APT 1        | <input checked="" type="checkbox"/> Add    |
|              |                        | MIAMI BEACH, FL 33141       | <input type="checkbox"/> Remove            |
|              |                        |                             | <input type="checkbox"/> Change            |
|              |                        |                             | <input type="checkbox"/> Add               |
|              |                        |                             | <input type="checkbox"/> Remove            |
|              |                        |                             | <input type="checkbox"/> Change            |
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|              |                        |                             | <input type="checkbox"/> Remove            |
|              |                        |                             | <input type="checkbox"/> Change            |

[illegible]

(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.

Dated SEPTEMBER 30

2022

MONICA POSIN

Typed or printed name of signer