

3/8/24, 2:54 PM

Division of Corporations

L22000294304
Florida Department of State
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 : 120210000079
Phone : (754)215-9616
Fax Number : (754)254-8289

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2024 MAR -8 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FL

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PLAY FOR FUTURE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLAY FOR FUTURE 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 06/30/2022 and assigned
Florida document number 122000294304.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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STATE
ALABAMA SEC. FILE

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:

ROBERTA HATANO

New Registered Office Address:

6810 N STATE ROAD 7

Enter Florida street address

COCONUT CREEK

Florida

33073

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.

Signature

sign

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

Title	Name	Address	Type of Action
AMBR	THAIS S OTONI FONTELLA	160 W CAMINO REAL UNIT #555	☐ Add
		BOCA RATON, FL 33433	☒ Remove
			☐ Change
AMBR	TRINO PAR LLC	160 W CAMINO REAL UNIT #555	☒ Add
		BOCA RATON, FL 33433	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

