422000301629

(Re	questor's Name	e)
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Pho	ne #)
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PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Na	ama)
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(Do	cument Numbe	<u>r)</u>
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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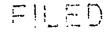
COVER LETTER

TO:

TO: Registration Se Division of Cor				
	nge the title under the Authoriz	zed Person(s) in the document to		
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Tani			
		Name of Person		
	PPC INVESTILLC			
		Firm/Company	_ .	
	250 174TH STSUNNY ISI	LES, FL 33021		
	_	Address		
	STSUNNY ISLES, FL 33	021		
		City/State and Zip Code	<u></u>	
	taniwillam84@gmail.com			
	E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please ca	all:		
Tani		33160 305213719 at ()	7	
Name o	f Person		me Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	ection	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 632	2.7	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 AUG 11 AM 9: 47

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ords.) 1900 1925 97 10 10 28 34
and assigned
LC" or the abbreviation "L.L.C."
·
er the name of the new registered
,
Iress

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.

City

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

ı

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tani	250 174TH ST218SUNNY ISLES, FL 33160	□ Add
			□Remove
			≡ Change
			[] Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□ Changa

Iffective date, if other than the date of filing: (optional)		just wanted to cange the title under the Authorized Person(s) Detail to MGR
Iffective date, if other than the date of filing: (optional)		
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α/β		Signature of a member or authorized representative of a member
		~ / /

Filing Fee: \$25.00