

To:

Page: 2 of 5

2023-03-28 16:46:41 GMT

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From: Roberta Silva

3/28/23, 12:36 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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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)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: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NEW CONCEPT MP LLC**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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MAR 29 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW CONCEPT MP 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 08/05/2022 and assigned
Florida document number 1.22000345368

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)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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>
AMBR	MAURICIO PARK	9633 WATERCREST ISLE	<input type="checkbox"/> Add
		PARKLAND, FL 33076	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SORAIA ALEXANDRE PARK	9633 WATERCREST ISLE	<input checked="" type="checkbox"/> Add
		PARKLAND, FL 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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