From: Roberta Silva

5/10/23, 3:25 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001750113)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : POPPI ENTERPRISES & TECHNOLOGY LLC

Account Number : I20210000079 : (754)215-9616 Phone 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. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARA USA COMPANY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

1:27 1 0 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARA U	SA COMPANY LLC		
(Name of the Limited L (A F	inbility Company as it now appears lorida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabili	ity Company were filed on	09/20/2022	and assigned
Florida document number1.22000410104	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of the</u>	: limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the des	signation "LLC" or the al	obreviation "L L.C."
Enter new principal offices address, if applicable	:		
Principal office address MUST BE A STREET A.	DDRESS)	,	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BON	<u> </u>		
D. 16 and the state of the stat	A		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		rorus, <u>enter the nam</u>	2023
Number of Street Transfer and Automate			1.34 1.34 1.44
Name of New Registered Agent:		<u>. </u>	0 5 5
New Registered Office Address:	Waster Williams	la street address	
	rater Piorta	a sievel augress	
_	Circ	, Florida	Zip Co lle
	$\mathbf{e}_{n_{\mathcal{X}}}$		LIP CON

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	ALEXANDER PEREIRA MOURA	11081 BOSTWICK ALY	🗆 Add
		WINTER GARDEN, FL 34787	
			☐ Change
AMBR	REGINA MARIA P AZEVEDO	11081 BOSTWICK ALY	■Add
		WINTER GARDEN, FL 34787	
			[]Change
			CJAdd
			Remove
			Cl Change
			🗀 Add
			□Remove
			☐ Change
			☐Add
			ÜRemove
			□Change
			DAdd
			[]Remove
			UChange

D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Note	tive date, if other than the date of filing: (optional) (fective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as iment's effective date on the Department of State's records.	3)(b he
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h). The 90th day after the filed.	
Dated	$\frac{MAY9}{}, \frac{2023}{}$	
	A DANGER MORA (SARZES)	
	Signature of a member or authorized representative of a member	
	ALEXANDER PERFIRA DE MOURA	

Typed or printed name of signee