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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : POPPI ENTERPRISES & TECHNOLOGY LLC

Account Number : I20210000079 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 ALMEIDA TOP SERVICES LLC

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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<i>5</i>	Ø	ls.					
•	ALMEIDA TOP SERVICES LLČ (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
		-	(A Florida Limited Li	ability Compuny)	<u> </u>		
The Articles	of Organiza	tion for	this Limited Liability Company v	vere filed on	05/30/2023	and assigned	
Torida docu	ment numbe	:r	L23000260357				
his amendo	ient is subm	itted to	amend the following:				
A. If amend	ling name, g	enter th	e new name of the limited liabil	ity company here:			
he new name	must be disting	guishable	and contain the words "Limited Liabilit	y Company," the design	nation "LLC" or the abl	oreviation "L L.C."	
Intar naw n	rincinal off	icas ada	lress, if applicable:				
•	•		• • •		· · · · · · · · · · · · · · · · · · ·		
<u>Principal of</u>	fice address	<u>MUST</u>	BE A STREET ADDRESS)				
					- :	~3	
Enter new n	nailing addı	ress, if a	pplicable:		·	·	
Mailing add	tress MAY I	BE A PO	<u>OST OFFICE BON)</u>			. (
						رن د	
3. If amend	ling the regi	istered a	igent and/or registered office ac	ldress on our reco	rds, <u>enter the nam</u>	of the new-regist	
igent and/oi	r the new re	<u>egistere</u>	l office address here:			<u>&</u>	
						. 0	
<u>Nar</u>	<u>ne of New F</u>	<u>Register</u>	ed Agent:			• .	
Nev	v Registerec	l Office	Address:				
				Enter Florida :	street address		
					, Florida		
				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.

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	GILSON FERREIRA S ROCHA	6800 NW 39TH AVE	≅ Add
		UNIT 177	
		COCONUT CREEK, FL 33073	∐Change
			□Add
			□Remove
			□Change
	-		∐Add
			□Remove
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			∐Remove
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an effe ote:	ctive date, if other than the date of filing:
recore Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ed.
	JUNE 7 2023 Amile
ated _	

Typed or printed name of signee