

L24000238135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

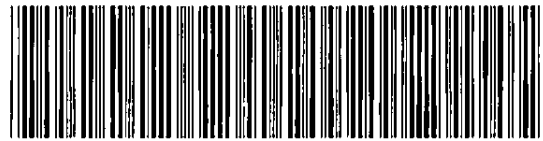
(Document Number)

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2024 OCT -1 AM 9:50

FILED

**TO: Registration Section
Division of Corporations**

SUBJECT: PONPONI LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE PEREYRA

Name of Person

ZU LLC

Firm/Company

600 N Broad St, Ste 5 - 844

Address

Middletown, Delaware 19709

City/State and Zip Code

does@vulpeinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE PEREYRA

302 469768

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

(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 May 22, 2024 and assigned
Florida document number L24000238135.

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)

412 W 7th ST

STE 811

Clovis, NM, 88101

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

412 W 7th ST

STE 811

Clovis, NM, 88101

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

_____, 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 Changing Registered Agent, Signature of New Registered Agent

~~OR REMOVED FROM OUR TELECOM~~

MGR = Manager
AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nicolas Gaston Falczuk	1150 NW 72ND Ave Tower 1	<input type="checkbox"/> Add
		STE 455 # 16451	<input type="checkbox"/> Remove
		Miami, FL, 33126	<input checked="" type="checkbox"/> Change
AMBR	Nicolas Gaston Falczuk	412 W 7th ST	<input checked="" type="checkbox"/> Add
		STE 811	<input type="checkbox"/> Remove
		Clovis, NM, 88101	<input type="checkbox"/> Change
AMBR	Betiana Mayo	1150 NW 72ND Ave Tower 1	<input type="checkbox"/> Add
		STE 455 # 16451	<input type="checkbox"/> Remove
		Miami, FL, 33126	<input checked="" type="checkbox"/> Change
AMBR	Betiana Mayo	412 W 7th ST	<input checked="" type="checkbox"/> Add
		STE 811	<input type="checkbox"/> Remove
		Clovis, NM, 88101	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated Sep 26 2024


Signature of a member or authorized representative of a member

Nicolas Gaston Falezuk

Typed or printed name of signer