## L24 000 251 594

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	:y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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08/23/24--01010--022 \*\*25.00

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Liper Piner INC 110  Name of Lim	<u>·</u>
Name of Lim	ited Liability Company
The applicant Assistance of Asserting and South South	mined for filling
The enclosed Articles of Amendment and fee(s) are sub Please return all correspondence concerning this matter	•
Andrew Del N	Name of Person
	Pine INC CCC Firm/Company
2721 NW Fe	derel Itmy Apt 2448 Address
Short F	City/State and Zin Code
e-mail address: (1	to be used for future annual report notification)
For further information concerning this matter, please co	all:
Andrea liper Perer Name of Person	at (772)
Enclosed is a check for the following amount:	
\$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luper Perer INC	ompany as it now appears on our records.) nited Liability Company)	
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.  Florida document number	pany were filed on $\frac{D6/2}{2024}$ and assign	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	<del></del>	
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 ADDRES.	<u>S)</u>	
	,	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	ω 	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new re</u>	gister
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

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(If an effecti <u>Note:</u> If t	ive date is listed, the date inserte	r than the date of the date must be spe d in this block do te on the Departm	ecific and cannot ses not meet the	e applicable sta			ling.) Pursuant to 60	
he record s ord is filed.	pecifies a delay	ed effective date,	but not an effe	ective time, at 1	2:01 a.m. on the	e earlier of: (b)	The 90th day aft	ter the
Dated	08/1	8	2	024.	oresentative of a r			
		May	Nea	7				
		Signat	ure of a member	or authorized ve	presentative of a r	nember		

Division of Corporations		
SUBJECT: Liper Piner INC LL Name of Li	Ĺ	
Name of Li	mited Liability Company	
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Andrea Del	Nosaria Lopez Per	
	Name of Person	
Lóper	Pin INCLL	
	Firm/Company	
2221 VW F	Ederal Howy Apt	) UYR
	Address	<u> </u>
Chart	FL 24994	
	FL 34994 City/State and Zip Code	
andream	(to be used for furthe annual repor	Cir
For further information concerning this matter, please		t notification)
To future mornation concerning this matter, please	cair.	
Andrea liper Perer	at (772) 9	03-3587
Name of Person	Area Code Da	aytime Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\sum \text{Certificate of Status}\$	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Address: Registration Section	Street Addres Registration	
Division of Corporations	<del>-</del>	Corporations
P.O. Box 6327		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION

OF

LODEL POPEL INC LLC	
Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.)
The Articles of Organization for this Limited Liability Company were f Florida document number <u>L 24 000 15 15 94</u> .	led on $\frac{D6/2}{2649}$ and assigned
Florida document number L 17 00 6 13 13 4-7	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	
The new name must be distinguishable and contain the words "Limited Liability Com	pany," 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)	
<del></del>	
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
Cit	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addres	nance of my duties, and I am familiar with and difference of my duties, and I am familiar with and difference of the source of t
company has been notified in writing of this change.	

If Changing Registered Agent, Signature of New Registered Agent

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(If an effe	ve date, if other than the date of filing:
docume	ent's effective date on the Department of State's records.
ne record ord is 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.
Dated _	05/18 2027
	Of / 17 2027  Signature of a member or authorized epresentative of a member
	· ·
	Andrea Copie Piver Typed or printed name of signee

Filing Fee: \$25.00