P180000 11621

(Requestor's Name)	
, ,	
(Address)	
(Address)	
(City/State/Zip/Phone #	f)
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	Y: POPPY RESTORA	ATION, INC		
	18000011621			
The enclosed Articles of Ame	ndment and fee are su	bmitted for fili	ng.	
Please return all corresponden	ce concerning this ma	tter to the follo	wing:	
ROBE	RTA H SILVA			
		Name of Co	ntact Persoi	1
POPPY	POPPY RESTORATION, INC			
		Firm/ C	Company	
3610 V	/ HILLSBORO BLVI	O APT 201		
		Ade	dress	
COCO	NUT CREEK, FL 330	073		
		City/ State a	ınd Zip Code	2
ROBERTA.I	lat@hotmail.co	M		
E-	mail address: (to be us	ed for future a	nnual report	notification)
For further information concer	ning this matter, pleas	se call:		
ROBERTA H SILVA		at (754	215-9616
Name of Contact Person			Area Co	de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made p	payable to the f	Florida Depa	rtment of State:
-	843.75 Filing Fee & Certificate of Status	□S43.75 Fil Certified C (Additiona enclosed)	Гору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

POPPY RESTORATION, INC				
	of Corporation as currently	filed with the Florida De	ept. of State)	
P18000011621				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Florida Profit Corporation	adopts the following a	imendment(s) t
A. If amending name, enter the new n	ame of the corporation:			
POPPI CONSULTING, INC			7	he new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or "C	To". A professional corpo	porated" or the abb pration name must co	reviation ntain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		
D. If amending the registered agent ar new registered agent and/or the ne			ame of the	
Name of New Registered Agent	N/A			
	(Florida stre	as and drawn)		
	N/A	et aaaress)		
New Registered Office Address:		City)	, Florida	<u></u>
	'	City	(ISIP CO	**/
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligation	ons of the position.	31 USF TARY 31 VISSION OF SC 2020 MAR 1 6
				P

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ROBERTA H SILVA	3610 W HILLSBORO BLVD
Add			APT 201
X Remove			COCONUT CREEK, FL 33073
2) Change	VP	ROBERTA H SILVA	3610 W HILLSBORO BLVD
$\frac{X}{X}$ Add			APT 201
Remove			COCONUT CREEK, FL 33073
3) Change			
Add			
Remove			
4) Change			175177
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		_	
Remove			

ID NUMBER OF CUANCETUE CORRORATION IC AUTHORISES TO	O LOCULE 10. 1 DOD CHARDE
E NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO	O 155UE 15: 1,000 SHARES.
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If an amendment provides for an exchange, reclassification, or cancel	llation of issued shares,
provisions for implementing the amendment if not contained in the a (if not applicable, indicate N/A)	amendment itself:
(y not appricable, marciae 1974) A	
<u> </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days	after amendment file date)
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	per of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through v must be separately provided for each voting group entitled to vote so	
"The number of votes cast for the amendment(s) was/were suff	icient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors witho action was not required.	ut shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sh action was not required. 09/30/2019	areholder action and shareholder
Dated	
Signature (By a director, president or other officer – i	f directors or officers have not been
selected, by an incorporator - if in the hand appointed fiduciary by that fiduciary)	
MARCIO L SILVA	
(Typed or printed name	of person signing)
PRESIDENT	
(Title of pers	son signing)

. . . .