

L12000139770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 16 2013

EXAMINER

TO: Registration Section
Division of Corporations

Poppo's Taqueria LLC

SUBJECT: _____
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:

john coleman

Name of Person

Poppo's Taqueria LLC

Firm/Company

212c Pine Ave

Address

Anna Maria FL 34216

City/State and Zip Code

jncoleman@gmail.com

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

For further information concerning this matter, please call:

john Coleman

413 209 2776

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**TO
ARTICLES OF ORGANIZATION
OF**

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Poppo's Taqueria LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on November, 05, 2012 and assigned Florida document number L12000139770.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 608, 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 managing member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

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TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Palm Ave Services	113 Palm Ave	<input checked="" type="checkbox"/> Add
		Anna Maria FL 34216	<input type="checkbox"/> Remove
MBR	Casey Coleman	311 Pine Ave	<input checked="" type="checkbox"/> Add
		Anna Maria FL 34216	<input type="checkbox"/> Remove
MBR	ColemanBeals LLC	PO Box 1015	<input checked="" type="checkbox"/> Add
		Anna Maria FL 34216	<input type="checkbox"/> Remove
MGRM	casey Coleman	311 Pine Ave	<input type="checkbox"/> Add
		Anna Maria FL 34216	<input checked="" type="checkbox"/> Remove
Mgrm	ColemanBeals LLC	212 Pine Ave	<input type="checkbox"/> Add
		Anna Maria FL 34216	<input checked="" type="checkbox"/> Remove
mgrm	Palm Ave Services LLC	113 Palm Ave	<input type="checkbox"/> Add
		Anna Maria FL 34216	<input checked="" type="checkbox"/> Remove

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

See Attached Operating Agreement

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 1/30/13



Signature of a member or authorized representative of a member

John Coleman

Typed or printed name of signee

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Filing Fee: \$25.00