

**L12000139770**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 APR 15 ... 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

APR 16 2013

**EXAMINER**

TO: Registration Section  
Division of Corporations

SUBJECT: Poppo's Taqueria 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:

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**

**FILED**

**Poppo's Taqueria LLC**

13 APR 15 '12 4:19

(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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SECRETARY OF STATE  
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 |

10. 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