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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE FI REIDA

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COVER LETTER ,

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TO:

Registration Section

Division of Corporations						
POP! ONI	LINE, LLC	·				
SUBJECT:	Name of Lim	nited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
·	Corey Ballou					
		Name of Person				
	POP! ONLINE, LLC					
		Firm/Company				
	120 SW 8TH STREET					
		Address				
	MIAMI, FL 33130					
		City/State and Zip Code				
	COREY@POP.CO					
	E-mail address: (to be used for future annual report notifi	cation)			
For further information	concerning this matter, please ca	all:	ALL	2015		
COREY BALLOU		315 751-0002 at ()	AHA	00.7	T	
Name	of Person	Area Code Daytime	Telephone Number	23		
				\triangleright		
Enclosed is a check for	the following amount:		STA	=	J	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional cor	of Status		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POP! ONLINE LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records ited Liability Company)	.)
The Articles of Organization for this Limited Liability Comp	any were filed on 01/14/2013	and assigned
lorida document number L000007017		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	•
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
		~~ .
nter new mailing address, if applicable:		ALL SE
Mailing address MAY BE A POST OFFICE BOX)		AFR 8 1
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		max w
. If amending the registered agent and/or registered	d office address on our records,	enter the name on the
gistered agent and/or the new registered office address	<u>here</u> :	ORIG
Name of New Registered Agent:	····	·
New Registered Office Address:		
The Artegistered Office Address.	Enter Florida street address	
	, Flo	rida
	City	rida 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JUAN CALLE	120 SW 8TH STREET	
		MIAMI, FL 33130	■ Remove
			Change
cMGR	JOSE I RASCO III	120 SW 8TH STREET	□ Add
		MIAMI, FL 33130	Remove
			□ Change
MGR	COREY BALLOU	120 SW 8TH STREET	■ Add
		MIAMI, FL 33130	□ Remove
			Change Change SECRETA
			
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ective reffect	e date, it oth tive date is liste	ier than the id the date mu	e date of filing	t g:	or to date of filir	ng or more than 90	(optienal)) O O O Pursuan	nt to 605 02
<u>te:</u> If	the date inse	rted in this b	lock does not:	meet the appl	licable statutor	y filing requirer	nents, this date	will not	be listed
cumen	it's effective of	date on the D	epartment of	State's record	ls.				
					not an effect	tive time, at	12:01 a.m.	on the	earlier
he 9	Oth day af	ter the rec	ord is filed.						
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ted	CTOBER 22			2015) .				
				X	./				
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			Signature of a	mombat or aut	thorized represe	ntative of a memb	er		
			Digital Co.						

Page 3 of 3

Filing Fee: \$25.00