Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE POPPIN' AND BOX, LLC

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2016-02-10 09:45:43 PST

15128571031 From; Sarah Perales

COVER LETTER

		istration Sed			
		THE POPE	PIN' AND BOX, LLC		
SUBJEC	ÇT:		Name of Limi	ted Liability Company	···
			Amendment and fee(s) are sub- indence concerning this matter	·	
			Cheyenne Moseley		
				Name of Person	
			Legalzoom.com, Inc.	,	
				Firm/Company	
			100 W. Broadway Suite	100	
				Address	
			Glendale, CA 91210		
				City/State and Zip Code	
			isaller@live.com		1125 - 11 A A
E— \$	s. 7	- e	•	to be used for future annual report no	плсапов)
			oncerning this matter, please ca		
Imelda Vasquez		323 962-8600 at ()			
		Nume o	f Person	Arca Code Daytis	me Telephone Number
Enclose	d is	a check for th	he following amount:		
□ 52 .5	.np (iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			ING ADDRESS:	STREET/COUR Registration Sect	RIER ADDRESS:

Division of Corporations P.O. Box 6327 Tallahossec, FL 32314

Registration Section
Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301 THE POPPIN' AND BOX, LLC

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2016-02-10 09:45:43 PST

15128571031 From: Sarah Perales

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limbed Liability Company as it (A Florelo Lamed Liability	now appears on our records.) Company)			
The Articles of Organization for this Limited Liability Company were for the Indian document number L16000006709	iled on 01/08/2016	and a	ssigned	[
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability co	mpany bere:			
THE POPPEN BOX, LLC				
The new name asset be distinguishable and end with the words "Limited Liability Co	mpany," the designation "LLC" or the a	porcviction	"L,L.C.	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
 -		<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	·	17.	5	
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter</u>	the name	of th	ie nev
registered agent and/or the new registered office address here:		955 955 777	0.1	
Name of New Registered Agent:		Ç∏er Ti		743
		95	Ų,	
New Registered Office Address:	Enter Florido streva address	- 3	-	
	, Florida			
/ ™	žii.	710 604	_	

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

Page 1 of 3

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2016-02-10 09:45:43 PST

15128571031 From; Serah Perales

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
Title	Name	<u>Address</u>	Type of Action
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To:	Page 6 of 6	2016-02-10 09:46:43 PST	15128571031	From: Sarah Perales
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	(The effective date must be specific, cannot be the liste this possiblem is filled by the Plence	prior to calle of receipt on fided alate and caption be industrially	90 days ottor	
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	Dated			
		_ 1 10k 10k		
) 	Z Sign	utilite of a statistic or authorized representative of a member		
% - 7 1117		James S'Aller III		
17 m/3		Typid or printed pane of algree		

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